

USAID/Nigeria

Results Review and Resource Request (R4)

FY 1997-2000

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Note:

Non-text files (e.g., spreadsheets, charts, maps, etc.)
have been appended at the end of the document

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Acronyms / Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
ARI	Acute respiratory infection
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior change communication
CA	Cooperating agency
CBD	Community-based distributor
CBO	Community-based organization
CDC	U.S. Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities
CPH	Community Partnership for Health
CPR	Contraceptive prevalence rate
CSP	Country Strategic Plan
CSM	Contraceptive social marketing
CSW	Commercial sex worker
CYP	Couple-years of protection
DFID	Department For International Development (formerly ODA), United Kingdom
DG	Democracy and Governance
DPT	Diphtheria, pertussis, and tetanus vaccine
EPR	Epidemic Preparedness and Response
FY	Fiscal Year (Oct. 1 - Sept. 30)
FMOH	Federal Ministry of Health
GON	Government of Nigeria
HIV	Human Immunodeficiency Virus
IBHS	Integrated Baseline Household Survey (USAID/Nigeria)
ICC	Inter-Agency Coordinating Committee
ICMI	Integrated Management of Childhood Illnesses
ICRW	International Center for Research on Women
IEC	Information, education, and communication
INITIATIVES	Private Initiatives for Primary Healthcare
IP	Implementing partner
IPPF	International Planned Parenthood Federation
IR	Intermediate result
JHU/PCS	Johns Hopkins University / Population Communications Services
MICS	Multi-Indicator Cluster Survey (Federal Republic of Nigeria/UNICEF)
NDHS	Nigeria Demographic and Health Survey 1990
NGO	Non-governmental organization
NID	National Immunization Day
NISH	Nigeria Integrated Survey of Households (Federal Office of Statistics)
ODA	British Overseas Development Agency
ORS	Oral rehydration salts
ORT	Oral rehydration therapy

PDT	Performance Data Table
PHN	Population, health, and nutrition
PPFN	Planned Parenthood Federation of Nigeria (IPPF affiliate)
PSI	Population Service International
SFH	Society for Family Health, affiliate of Population Services International (PSI)
SSS	Salt and sugar solution
SO	Strategic objective
SO1	Increased Voluntary Use Of Family Planning Strategic Objective
SO2	Improved Maternal and Child Health Practices Strategic Objective
SpO1	Improved HIV/AIDS/SD Prevention and Control Practices Special Objective 1
SpO2	Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance Special Objective 2
S.D.	Sexually-transmitted disease
STI	Sexually-transmitted infection
TBA	Traditional birth attendant
TT	Tetanus toxoid vaccine
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USIS	United States Information Service
VHW	Village health worker
WHO	World Health Organization

I. Overview and Factors Affecting Program Performance

A. Introduction

Nigeria is by far the most populous country in Sub-Saharan Africa and has an overwhelming economic, military and political influence on the West African region. A major petroleum producer, the United States imports about ten percent of its oil from Nigeria in the form of high-grade low sulfur crude. Nigeria has played a major role in regional peace keeping forces in recent years including the restoration of democracy to two neighboring countries, Liberia and Sierra Leone.

Despite its oil wealth and military power, Nigeria remains an unstable and unpredictable country that has been unable to achieve a genuine democratic transition, adopt necessary economic reforms, stop the erosion of the standard of living of its citizens, and assume its rightful place of responsible leadership in Africa and the world. The GDP per capita in Nigeria has fallen to the extremely low level of \$160 per year. Health indicators in Nigeria are lower than in the surrounding countries of Ghana, Togo and Cameroon. Unfortunately, Nigeria retains by far the largest remaining foci of polio virus in Africa.

It is in the United States national interest that Nigeria not deteriorate further due to either humanitarian or political conditions, and risk the widespread civil unrest, ethnic and political strife, and mass emigration that could result from the current oppressive conditions within Nigeria.

B. Relation of USAID/Nigeria program to U.S. National Interest:

Each of USAID/Nigeria's strategic and special objectives correspond directly to Mission Performance Plan (MPP) prepared by the U.S. Embassy Lagos as shown in the table below. The relation of each of the USAID/Nigeria's objectives to U.S. national interests as expressed in policy statements by the U.S. Department of State is discussed at the beginning of each Strategic Objective (SO) or Special Objective section. The assessment of a given objective's importance to overall U.S. national interests is based on the number and ranking of objectives specified in the most recent MPP. Of 19 objectives listed in the MPP, six are directly and strongly supported by the USAID/Nigeria's program:

Based on the information in this table, one can make the simple statement that USAID/Nigeria's objective in Democracy Governance (Special Objective 2) is linked to "high-ranking" U.S. national interests and that the remaining objectives in family planning (SO1), child survival (SO2), and HIV/AIDS prevention and control (Special Objective 1), are linked to "medium-ranking" interests.

Table 1: Linking USAID/Nigeria's Strategic and Special Objectives to U.S. national interests

Objective specified in US. Embassy's Mission Performance Plan		Linked USAID Objectives
1.	Continue to press the regime at all levels to establish democratic institutions, including a free press, and sound economic policies	Spec.Obj.2
4.	Assist democratic transition through appropriate democratization and human rights projects via USAID and USIS programs	Spec.Obj.2
5.	Promote a culture of democracy, observation of human rights, and due process and the release of all political detainees, including the convicted coup plotters	Spec.Obj.2
9.	Improve non-governmental capacity to contribute to child survival, AIDS prevention, and reduced population growth	SO1, SO2, Spec.Obj.1
10.	Contribute to basic humanitarian health care outreach to poor and underserved Nigerians, including northern populations	SO2
19.	Encourage a free and independent media	Spec.Obj.2

C. Country Context

As detailed in last year's R4 submission, the social and political environment in Nigeria has deteriorated substantially since the last CSP was approved in 1992. USAID funding and staffing levels have been reduced to less than 25 percent of the levels envisioned in the CSP. While concrete data are lacking since the 1990 Demographic and Health Survey (DHS), there is little reason to believe that significant reductions have occurred in the country's high national levels of maternal mortality, infant and under-five mortality, fertility and poor child nutrition because of the reduced USAID and other donor funding as well as the political and economic turmoil taking place in Nigeria during this period. Levels of HIV infection in the general population continue to climb higher and AIDS is now taking an undeniably greater toll. Nigeria suffered a virtual collapse in government social services in 1994 and is only now beginning to recover in some areas as the public sector is showing signs of a renewed commitment to providing some basic health services for Nigeria's masses. The limited presence of public health services to complement private services supported by USAID will make it nearly impossible to achieve the CSP's national level objectives in family planning, child survival, and HIV/AIDS prevention and control.

In the area of D/G, a relatively new part of the USAID/Nigeria program which was not planned in the CSP, the situation remains clouded as the military regime of Gen. Sani Abacha continues to wield authoritarian power. The prospects of meaningful change resulting from long-promised national elections slated for August 1998 are not encouraging; in fact the more commonly debated question is not whether Sani Abacha will hand over power but by what means, overt or covert, he will manage to retain it. The proposed program of transition to civilian rule, with all of its uncertainties, and the fall-out from an alleged coup attempt in November 1997 have created a very uncomfortable and unpredictable working environment for active pro-democracy and human rights groups, as indicated by the expulsion of the local DG coordinator for the Friedrich Ebert Foundation and by recent arrests of labor leaders working in one of their projects following threats emanating from the Minister of Labor.

The entrenched obstacles to transparent democratic transition at the national level should not obscure the remarkable progress beginning at the local level as a result of integrated USAID/Nigeria-supported NGO program activities in both health and democracy. USAID/Nigeria made 31 DG grants to local NGOs in 14 focus states in 1997 but an actual total of 762 organizations ultimately participated in the program as a result of networking and coalitions build around DG issues. A large percentage (about 70 percent) of these were women's groups who worked on both gender specific and generic DG issues affecting men as well. In addition, a large number of health NGOs have also united and organized at the community level to lobby for improved health conditions in their communities.

Together, the NGO sector is becoming a third political power in Nigeria along with the entrenched military/government and traditional rulers who up to now have pretty well been able to control events. In one area in the North, local FMOH officials decided to close a USAID supported NGO AIDS project. However, the group successfully appealed this decision to both military and traditional authorities in the region and the project continues to operate independently and provide needed services. In the eastern region of the country, a local women's group proudly explained to the U.S. Ambassador how they had united to defeat a local legislative candidate favored by the political party most associated with General Abacha. Other women's groups have successfully ended generation long feuds between local ethnic groups, the practice of female genital mutilation and the shortening of a required lengthy period of mourning following widowhood in which women were unable to work outside of the home to support their children. None of these examples in itself will bring down the current government. But they vividly indicate the possibilities of building civil responsibility and demand for change in Nigeria while working under the protective rubric of women's and public health issues. A critical mass of confident and trained Nigerian NGO leaders and members located throughout all the major ethnic regions will make the final vital difference in showing the exit door to the current entrenched military leadership

D. USAID/Nigeria Program Environment

Unlike preceding years, Fiscal Year 1997 was a relatively stable one for USAID/Nigeria. After a fairly tumultuous year of uncertainty and downsizing, USAID/Nigeria and its implementing partners (IPs) settled into their new home in Lagos in November 1996 and went about pursuing their objectives in what has become a routine but unstable working environment. USAID/Nigeria has adjusted to various restrictions on its activities and learned to operate effectively despite annual difficulties in accessing USAID/Washington funding approved for its programs.

The U.S. Government ban on working with the Government of Nigeria (GON), imposed following the coup of 1994, continues to limit USAID/Nigeria's activities to a private sector-only program, one which is much smaller in scale than that originally conceived in the approved Country Strategic Plan (CSP) in 1992. As expected, in February 1997, the program was temporarily denied funding following the fourth consecutive U.S. presidential decertification of Nigeria for non-compliance with the war on drugs. Though specific humanitarian efforts, such as child survival and HIV/AIDS programs, are theoretically to be exempted from the moratorium, all FY 1997 funds were withheld from USAID/Nigeria, regardless of their purpose, pending a waiver of the ban on funding. USAID/Nigeria was not instructed to prepare for close-out mode, however, as occurred in 1996, and was able to weather the moratorium in anticipation of the waiver, which was granted in August 1997.

As in FY 1996, strict controls on the release of funds for family planning activities and a temporary FY 1997 ban on the provision of family planning commodities for the USAID/Nigeria program continue to severely constrain USAID/Nigeria's ability to pursue its number one strategic objective (SO) in family planning. As the ban applied to condom supply for family planning, HIV/AIDS prevention efforts were also affected. After a prolonged appeal to USAID/W, USAID/Nigeria finally received \$1 million for family planning and \$1 million of condoms for the HIV/AIDS program but no non-condom contraceptive commodities were provided. It appears that this moratorium on population and contraceptive funding has now been lifted and USAID/Nigeria recently was allowed to request \$1.5 million in FY 98 funding for its population program..

USAID/Nigeria has learned to operate under all of these constraints, and, working with severely reduced and uncertain levels of funding and staffing, has produced some truly impressive results compared to expectations even just one year ago. Nevertheless, the impending decertification of Nigeria at the end of February 1998 and recent difficulties in accessing Field Support funds, which finance USAID/Nigeria's entire portfolio, once again place the USAID/Nigeria and its partners in a particularly tenuous situation. This uncertainty is compounded by the closing of USAID's regional office for West Africa, REDSO/WCA, upon which USAID/Nigeria has been very dependent for technical support. Current negotiations to garner future assistance from USAID missions in Benin, Ghana, Mali, and/or Senegal may provide some relief but do not instill a high level of confidence for a stable working environment for USAID/Nigeria in the coming year. USAID/Nigeria will probably

become more dependent on technical and administrative support from the AFR and Global Bureaus with OE implications. In any case, USAID/Nigeria can anticipate the need to divert even more of the efforts of its already overstretched staff to identifying willing sources of technical assistance.

E. Program Performance

While limited progress on goal-level indicators relating to health, family planning and democratic governance can be reported, USAID/Nigeria is able to show that its limited presence has been enough to effect very positive local change at the objective and Intermediate Result (IR) levels, particularly in the health areas. USAID/Nigeria continues to forge ahead with innovative models of community-based development and integrated strategies of broad-based development focussing on women's empowerment. The DG program is progressing into a second phase reflecting program maturity and has begun to show evidence of impact as well.

This Results Review shows that USAID/Nigeria's efforts not only deserve continued support from USAID/W but confirm that USAID is well-positioned strategically to make an enormous impact in Africa's largest nation, and by extension throughout West and sub-Saharan Africa, should the greatest local barriers to increased support - the prolongation of authoritarian rule, human rights abuses, and blatant disregard for basic standards of conduct espoused by the international community - be removed.

F. Performance Monitoring

In view of the radical reorientation and downsizing of USAID/Nigeria's program since the last CSP was drafted, performance monitoring has been a particularly difficult area for USAID/Nigeria. USAID/Nigeria is no longer able to fund adequate mechanisms to measure broad program impact at the population level and lacks adequate staffing to devote to the wider variety of program monitoring needs. During FY 1997, an attempt by USAID/Nigeria to fund an FSN position to oversee performance monitoring was unsuccessful because of restrictive specified limits on program and OE funded FSN personnel emanating from USAID/W.

The design of the 1992 CSP benefitted greatly from the freshly-released results of the 1990 DHS, which was published in April 1992 with Nigeria's Federal Office of Statistics (FOR). Interim progress toward a second DHS, which was planned for the mid-1990s, was measured through further collaboration with the FOS in 1992-94. However, after the ban on U.S. Government support to the GON was imposed in 1994, such collaboration was no longer possible. Having radically reoriented its focus to an NGO-based strategy in certain cluster states, USAID/Nigeria proceeded to design and implement its own Integrated Baseline Household Survey (IBHS) in the new focus states in 1995.

Given the proper political environment, USAID/Nigeria and the development community would greatly profit from the high-quality epidemiological, programming and monitoring data that a second DHS could provide. In a second DHS is not possible due to political and funding constraints, USAID/Nigeria will consider a second survey comparable to the IBHS. In the meantime, good interim reporting has been provided through surveys specific to each Implementation Partner's program, but the level of quality program-wide population-based reporting that we have been able to carry out has been minimal. USAID/Nigeria is exploring the possibility of more extensive use of private survey mechanisms such as the ongoing Niger Bus survey which have been utilized by Implementation Partners such as PSI/SFH and JHU/PCS which specialize in marketing and communications.

G. Strengthening Non-Governmental Organizations

The USAID/Nigeria program is a 100 percent NGO people to people program and does not provide assistance to the GON at any level. Strengthening the programs and roles of Nigerian NGOs is a primary intermediate result for all strategic and special objectives. Nigerian NGOs and their U.S. based Cooperating Agency partners have risen to the challenge of working of in the Nigeria and of working with each other. Limited funding has dictated that these organizations work together in integrated programs in mutual support of each other, while recruiting additional NGO groups through networking. Each women's NGO supported by USAID has been charged with finding 100 new members willing to start women's associations in their own communities. USAID/Nigeria has taken full advantage of the wealth of available energy and talent vested in Nigerian NGOs and their American Implementation Partner organizations.

H. Leveraging Other Donors

USAID/Nigeria with its limited resources could never hope to have the kind of national level impact envisioned in the 1992 CSP without a major new input of resources from other donors. Because of the political turmoil in Nigeria, donors have tended to leave Nigeria rather than increase the level of resources provided. The Canadians have withdrawn all assistance and other countries such as Japan have significantly reduced their aid budgets. Most of these withdrawals were due to an unwillingness to work with the current Nigerian government. USAID/Nigeria has taken the lead in leveraging other donors to provide support for the private NGO sector in Nigeria. USAID/Nigeria has achieved notable success with the British DFID including a recent \$5.9 million three year contribution to the national contraceptive social marketing program which is implemented entirely in the private commercial sector by a U.S.PVO/Nigerian NGO partnership. In addition, UNFPA recently committed \$500,000 in additional resources for clinical family planning services in exchange for a USAID/Nigeria commitment of \$100,000 to provide technical assistance to the project. Unfortunately, the largest donors with funding readily available (World Bank and EU) continue to withhold resources from the Nigeria NGO sector because of their perceived contractual relationships with the GON which allegedly allow the GON to approve all project expenditures within the country. It is essential for the continued success of integrated health

and democratization programs in Nigeria that the major donors cited above find a way to unlock their resources and contribute to NGO programs operating throughout Nigeria.

II. Progress toward Objectives

A. Summary Table:

Strategic or Special Objective	Perf. Rating, FY1997	Evaluation findings
SO1: Family Planning	met expectations in NGO areas	National level impact difficult to maintain but good results in focus states. Impact has been inferred through contraceptive sales and local surveys. Contraceptive advertising from social marketing still reaches huge audiences. Integration with DG program has greatly strengthened that component using existing infrastructure of women family planning leaders and organizations.
SO2: Child Survival	exceeded expectations	Ministry of Health reports gains in immunization coverage; surveys in NGO catchment areas find immunization coverage and management of childhood illnesses improved over broad baseline survey.
Sp.Obj.1: HIV/AIDS	exceeded expectations	Follow-up surveys for sub-projects indicate substantial gains in knowledge of HIV risk and safer sexual behavior among targeted groups.
Sp.Obj.1: Democracy / Governance	met expectations	Development of results framework and performance monitoring indicators; initial phase of program activities completed. Anecdotal reports from all regions indicate program is having a significant effect at local levels.
Percent funding through NGOs and PVOs: FY 1998: 100 percent; FY 1999: 100 percent; FY 2000: 100 percent		

B. Cross-Cutting Results

The table above is provided to briefly summarize findings on USAID/Nigeria's progress toward achieving each of its four strategic or special objectives in the course of FY 1997. It should be noted that the program is highly integrated in support of Nigerian NGOs and the results in one program objective directly influence the impact in the others. Given the mutually-reinforcing relationships between objectives and the integrated nature of USAID/Nigeria's program as a whole, it is necessary to discuss progress toward certain cross-cutting results which are essential ingredients to the achievement of each objective. The rationale behind these results has been described in detail in previous submissions by USAID/Nigeria; the purpose of this section is to present examples of progress toward these results in 1997.

Cross-Cutting Result 1: Improved participation of women in decision-making

This result reflects a major element of the DG program - women's empowerment - but is one which contributes significantly to the USAID/Nigeria's objectives in family planning and health as well. The DG program encourages women to participate in the political arena and in other elements of civil society; corresponding results are described in detail under Special Objective 2. Implementing Partners (IPs) implementing integrated family planning and health programs are required to program activities which address the need for more participation by women in personal, family, and community health decisions.

An example of activities in 1997 designed to empower women to make their own health decisions is BASICS' mobilization of Community Partnership for Health (CPH) members to form a special forum where issues relating to women and youth are addressed. Through this forum, women's cooperative societies are gradually being introduced, a mechanism which is expected to strengthen women's economic status through gaining access to micro-credit. There is little doubt that economic freedom facilitates women to make their own choices about family planning, reproductive health, and child care. In August and September, the BASICS project provided DG training to roughly 100 women from each of the six CPHs based in Lagos, culminating in a mock parliament on September 25-26, 1997; similar training is also under way for the five CPHs located in Kano.

Efforts by the IPs to reach out to disadvantaged women necessarily include an element of women's empowerment, teaching young women and girls, for example, that it is their right to protect their own bodies by insisting on safer sexual practices. Last year's R4 discussed the importance of vocational skills training as an AIDSCAP intervention to empower commercial sex workers (CSWs) to change high-risk lifestyles. Examples of such activities in 1997 include CEDPA's leadership seminars and DG training for women, conducted in conjunction with integrated health programs focussing on increasing the use of family planning. Training of over 1,000 agents for community-based distribution (CBD) of family planning commodities, for example, includes elements designed to help the CBD agents serve as advocates of women's empowerment in the communities they serve.

Cross-Cutting Result 2: Improved organizational sustainability of NGOs

Toward NGO sustainability, the USAID/Nigeria supports various efforts to improve management capacity and ability to generate outside income. USAID/Nigeria requires that NGO sub-project proposals address the need to generate income and has seen many examples of successful results of this policy. Of ten NGOs which have received seed funding for income-generating activities, eight have shown that were able to break even within three months after commencing activities. The Initiatives Project, which specialized in promoting NGO management capacity and financial sustainability, provided substantial technical assistance to the IPs and NGOs before coming to a close in 1997. In order to smooth the impact of its exit, the project trained local consultants to continue provision of technical assistance to the IPs and NGOs in the areas of organizational strengthening, leadership, marketing, management information, strategic planning, income generation, fund raising, and donor leveraging. To further strengthen NGOs, and particularly women members, USAID/Nigeria organized a workshop with the Ford Foundation and IPs to establish a mechanism to provide micro-credit for collaborating NGOs.

Another major element of institutional sustainability supported by USAID/Nigeria is the promotion of partnerships, networks, and coalitions among NGOs with common goals. A prime example of successful coalition-building is the phenomenal growth of the "100 Women Clubs" described under Special Objective 2. In the area of family planning and health, the CPH strategy developed by the BASICS project in particular has emerged as a model of development of community and NGO/private sector partnerships to improve child survival in urban areas. CDC/Nigeria has worked to strengthen partnerships within the communities where partner NGOs are active and reports that over 60 percent of the 100 communities have set up Village Development Committees to this end. Under HIV/AIDS/STD control, AIDSCAP has helped establish a network of 13 NGOs, including an "umbrella" NGO that coordinates activities in each respective cluster. The "non-umbrella" NGOs have engaged in networking with other NGOs and with local government officials to share experiences, to provide a front for the promotion of policy, and to make technical assistance requests to other members of the network. AIDSCAP has also sponsored 55 NGO staff members to international conferences, providing these persons with the opportunity to network with NGOs worldwide. AIDSCAP also played the lead role in organizing the Northern League of NGOs which has successfully defended its right to apply for and receive international donor funding in the face of punitive restrictions that northern local GON health authorities attempted to impose on their operations.

Cross-Cutting Result 3: Strengthened capacity of selected NGOs to deliver health services

USAID/Nigeria and the IPs have worked to strengthen NGO capacity to deliver health services by providing extensive technical and management training as well as limited material assistance in the form of medical equipment and used computers and vehicles. Collaboration among USAID's IPs, each of which has its own area of specialization, has continued to play

an important role in this effort. In 1997, for example, in order to improve reproductive health skills among USAID-assisted NGOs, AIDSCAP offered training in syndromic management of sexually-transmitted diseases (STDs) for all NGOs working with USAID's IPs, ultimately training 215 service providers. In order to improve NGO capacity to implement information, education, and communication (IEC) interventions, JHU/PCS established a Resource and Training Center (RTC) in each of USAID/Nigeria's three cluster areas in March 1997 and provided RTC staff members with extensive training in order to be able to meet the needs of NGOs working with USAID's IPs in each cluster.

Other IPs also report significant progress in building technical expertise among their partner NGOs. CDC and BASICS, for example, combined to provide immunization and cold chain management training to 256 health workers and epidemic preparedness and response training to 105 health workers during 1997. The IPs' assistance to NGOs goes far beyond building clinical skills, however. An end-of-project review in 1997 found that NGOs working with AIDSCAP have significantly improved capacity to develop IEC materials, program condom needs, and operate organizational management systems, particularly for budgeting and project monitoring. Under intensive NGO capacity-building exercises conducted by the BASICS Project in 1997, CPH personnel implemented surveys in order to gather programming information and establish baselines for performance monitoring. BASICS is currently developing an "organizational development index" to monitor progress in improving the CPHs' organizational structure, management, and programming.

Cross-Cutting Result 4: Enhanced integration of health services

In many cases, NGOs seeking USAID/Nigeria support are focussed on a particular area of service delivery; NGOs working with the IPs are required to address the need to integrate family planning, child survival, and HIV/AIDS prevention elements into their existing programs. For this reason, one finds the BASICS Project, traditionally associated only with child survival, promoting the importance of family planning and HIV/AIDS prevention for the CPHs, which include private health facilities that typically lack a broader public health perspective.

AIDSCAP and CEDPA have also stepped well beyond what one might consider their traditional fields of HIV/AIDS prevention and family planning. In 1997, for example, these IPs played important roles in mobilizing their NGO partners to promote and conduct immunization of children. NGOs working with CEDPA provided nearly 30,000 vaccinations in 1997, up from under 9,000 in 1996. CEDPA reports that eight of its 15 partner NGOs now provide fully integrated health services including family planning, child survival, and HIV/AIDS/STD prevention. Over 2,000 CBD agents working with CEDPA's partner NGOs received training in all three areas in 1997.

A. Strategic Objective 1: Increased Voluntary Use of Family Planning

There are currently 21.6 million women of reproductive age in Nigeria and by the year 2000 this number will grow to 25.8 million. Nearly five million children were born in Nigeria last year, one-fifth of the total number of births in sub-Saharan Africa. One out of every 10 Nigerian infants is reported to die before its first birthday and mortality for children less than five years of age is 192 deaths per 1000. Maternal mortality is 15 deaths per 1000 live births, one of the highest maternal mortality rates in the world. The number of women who die as a complication of pregnancies will be over 149,000 per year before the year 2000 and almost one million women will be permanently scarred or maimed in the process of childbearing. Effective family planning programs would contribute enormously to alleviate these conditions.

The Department of State's most recent Mission Performance Plan (MPP) for Nigeria lists two specific objectives for FY 1996-2000 which are directly served by USAID's family planning program, namely (1) to "improve non-governmental capacity to contribute to reduced population growth" and (2) to "contribute to basic humanitarian health care outreach to poor and underserved Nigerians, including northern populations. The MPP also lists the maintenance of an NGO health delivery program by USAID/Nigeria as a critical operating assumption. In addition, a policy goal statement submitted in October 1997 by the State Department's Africa Bureau specifically calls for "expanding family planning programs in West Africa, particularly Nigeria, Mali and Burkina Faso."

Family planning efforts are an essential part of USAID/Nigeria's integrated NGO health delivery program. Activities under SO1 are also integrated with USAID/Nigeria's Democracy/Governance (DG) program, specifically the major element promoting women's empowerment. Efforts by USAID/Nigeria and its partners to increase use of modern family planning and to increase women's capacity to participate in household and community decision-making are mutually-reinforcing. Women at the village level have repeatedly asserted to NGO leaders that they cannot participate fully in democratization or other empowerment activities such as micro-enterprise credit unless/until they are relieved of the burden of closely-spaced child bearing.

Ever since USAID/W funding for family planning activities has been reduced and restricted (contrary to the MPP objectives cited above), USAID/Nigeria has intensified its efforts to engage the commercial sector and other donors to become more involved in promoting family planning in Nigeria. These lobbying efforts have contributed to increased engagement by the British Overseas Development Agency (ODA/DFID) and the United Nations Population Fund (UNFPA), though the combined level of support from all donors does not equal that originally programmed by USAID/Nigeria before 1994.

Program Performance

The reduction of USAID/Nigeria's family planning program to one relying primarily on NGO capacity-building and promotion of family planning in target states, and the inability of the GON and other donors to fill the gap in contraceptive supply left by USAID's temporary withdrawal from this essential area left large areas of the country without access to quality family planning services. Niger Bus surveys conducted in 1993-97 indicate a drop in use of most contraceptives (except condoms) from 1993-95, followed by rises to new high levels in 1996 and 1997.)

In 1997, USAID/Nigeria's progress toward increasing use of family planning in Nigeria at the national level was quite limited. Continued budgetary limitations on family planning assistance within Nigeria and USAID/W's uncertainty in whether to continue to support the Mission's family planning efforts have probably eliminated any possibility of achieving the national level objectives as originally envisioned in the 1992 CSP. While Nigeria's total fertility rate remains at an estimated 6.2 children per woman, it is evident that the national contraceptive prevalence rate (CPR), which dropped from a high of 11.3 percent in 1994 to 7.1 percent in 1995 (see PDT 1a), has yet to fully reverse its downward trend. This assumption is based on the reduced sales reported by Population Services International's contraceptive social marketing (CSM) program which are largely attributed the unavailability of donated commodities for long periods of time and the termination of their support contract with USAID/Nigeria. The number of couple years of protection (CYP) attributed to the USAID program rose in 1997 to 718,158 CYP, an increase from the 1996 total of 642,096 CYP.

Progress in the USAID/Nigeria focus areas was positive but has been difficult to measure. The mission's IPs increased the number of private sector sites offering family planning services largely through support for integrated NGO health programs with a family planning component. In 1996, USAID's IPs were supporting provision of clinical family planning services through 15 sites, a number which increased to 26 sites in 1997. Perhaps more important has been the use of CBDs to reach clients in peri-urban and rural communities. The number of CBD outlets supported by the IPs increased from 1,300 outlets in 1996 to 1,809 outlets in 1997.

Based on these trends, USAID/Nigeria has adjusted its target on national-level CPR to 10 percent in the year 2000. For USAID/Nigeria's focus areas, comprising the 14 states where the integrated NGO program is active, a CPR target of 19 percent has been set for 2000. Both targets are set under the assumption that the current obstacles to the USAID/Nigeria's support for family planning have been removed. Progress since the 1995 Integrated Baseline Household Survey (IBHS), which found a national CPR for modern methods of 11.3 percent and localized values of 6.0 in the conservative north, 9.8 in the southwest, 9.2 in the southeast, and 12.2 in Lagos in 1995, will be measured through a second national DHS if policy and funding permit, or through a localized follow-up to the IBHS if a DHS is not possible (see PDT 1b).

IR 1.1: Increased Demand for Modern Contraception

PDT 1.1a presents available national-level data on knowledge of modern methods of contraception. The trend is positive up to 1995 and appears to be on track to meet the target of 85 percent by 2000. Niger Bus surveys conducted in 1995-97 indicate continuing rises in levels of awareness among adults for all modern methods except IUDs. PDT 1.1b presents a much lower focus area baseline established by the 1995 IBHS, with a target of 80 percent set for 2000.

As discussed in last year's R4, promotional efforts by the CSM program under Population Services International (PSI) in 1996 were somewhat disrupted by the Mission's difficulties in continuing to fund family planning programs. As USAID's grant to PSI came to an end in January 1997, PSI has been successful in gaining support from DFID (\$5,900,000 over three years). In 1997, PSI and the Johns Hopkins University/Population Communication Services (JHU/PCS) have continued efforts to increase demand for modern contraception through a variety of information, education, and communication (IEC) strategies:

- Audio cassettes produced by JHU/PCS in collaboration with Planned Parenthood Federation of Nigeria provided answers to questions often asked by adolescents on reproductive health, including family planning, to over 400,000 adolescents in 1997. The cassettes received good ratings from participants at an international workshop on adolescent health issues and a group from Zambia is now planning to produce a similar tape for Zambian youth.
- Press briefing kits with information on health issues, including family planning, have been developed by JHU/PCS in order to increase media coverage of family planning issues. These kits are awaiting distribution in early 1998. It is expected that about 5,000 journalists will benefit and will be able to increase family planning knowledge of close to 500,000 readers of various newspapers and magazines nationwide.
- A "road show" drama developed by PSI presented issues of reproductive health and family planning to over 360,000 youth and adults in 1997.
- National explicit advertisements for contraceptives on 14 radio and 10 television stations reached an estimated audience of 57.2 million people.

In target communities where collaborating NGOs provide integrated health services, USAID's various IPs work to spread knowledge of family planning, particularly among women. The Center for Development and Population Activities (CEDPA), for example, trains community-based distributors (CBDs) to promote the use of modern family planning in diverse communities. The work of the CBDs has many cross-cutting benefits, changing the lives of the CBDs themselves, their clients, and the communities they serve. As one man remarked: "My wife is a trader and a CBD agent. When one of the children falls ill, she knows what to

do. Also, Islam embraces family planning...It gives women and children sound health - the only reason given by Islam. I support it because of what I have seen in the Qu'ran."

IR 1.2: Increased Availability of Modern Contraceptives

While USAID/Nigeria's grant for PSI's CSM program ended in early 1997, the organization continued to provide family planning services through a pipeline of USAID contraceptive stock in its custody. As this pipeline diminishes, and with the disappearance of USAID support for PSI's marketing activities, the growth rates of couple years of protection (CYP) attributed to USAID programs are lower. In 1997, 718,158 CYP were generated compared to nearly 650,000 CYP in 1996 (see PDT 1.2). The likelihood of reaching the Mission's original target of 5.7 million CYPs in 2000 appears remote at this time without significant additional resources.

As indicated in the table below, PSI reported declines in sales of all of the various types of contraceptives it markets except for condoms, which increased modestly, and pills, which had been at a particularly low level due to stock-outs suffered in 1996. USAID/W has recently allowed for modest relief in the form of nearly 18 million condoms, which are currently on their way to Nigeria, in order to support and HIV/AIDS prevention and child spacing. In recent years, injectables have replaced vaginal foaming tablets in the program which are a much more reliable method of contraception and contribute more to the CYP total.

Table 2: Sales of contraceptives in Nigeria by Population Services International, 1993-1997

type of contraceptive	1993	1994	1995	1996	1997-est.
condoms	23,784,673	45,000,000	55,600,000	34,164,212	37,333,826
pills	3,300,000	3,600,000	3,265,000	1,884,300	2,292,748
Intra-uterine devices (IUD)	12,727	74,216	104,412	61,000	34,608
injectables	0	0	0	378,390	349,063
vaginal foaming tablets	867,500	2,400,000	1,398,000	200	0

In spite of the reduced overall USAID support for family planning activities, modest achievements were recorded by USAID/Nigeria in 1997. USAID's IPs increased the number of private sector sites offering family planning services largely through support for integrated NGO health programs with a family planning component. In 1996, USAID's IPs were supporting provision of clinical family planning services through 15 sites, a number which increased to 26 sites in 1997. Perhaps more important has been the use of CBDs to reach clients in peri-urban and rural communities. Almost all of the NGOs in partnership with USAID utilize the CBD strategy to provide family planning services in areas where otherwise these services would not have been available. The number of CBD outlets supported by the IPs increased from 1,300 in 1996 to 1,809 in 1997. The CBD strategy also promotes referrals to family planning sites offering long-term and permanent methods such as injectables, Norplant, bilateral tubal ligation, and vasectomy.

Although other donors contributed to the supply of family planning commodities in Nigeria in 1997, the gap left by USAID's virtual withdrawal from the arena remains to be filled. The UNFPA provided limited contraceptive support to 12 states through the GON. DFID provided millions of "Cool" condoms through a grant to PSI, accounting for 11 percent of PSI's condom sales in 1997. These inputs are laudable but unfortunately relatively meager compared to the level of contraceptive supply required to raise availability to the levels originally envisioned in USAID/Nigeria's 1992 CSP.

Expected Progress through FY 2000 and Management Actions

No further significant progress is expected at the national level in the absence of a decision to reinstate stable and adequate funding for family planning activities. While new indicators have been established to reflect program impact at the local level (in focus states), there is a grave need to revisit national targets set when the future of the family planning program seemed brighter. If contraceptive supply and funding for population activities in Nigeria are not reinstated, only modest but essential family planning activities within an integrated program would continue to be implemented; results specific to family planning would be correspondingly modest. As the pipeline stock with PSI/SFH dries up, severe contraceptive shortages would become imminent.

Should funding for population activities and contraceptive supply become available, USAID would expand activities beyond the current focus states to increase accessibility and availability of services and information throughout the nation, increase the supply of modern contraception at least enough to satisfy current unmet need (estimated at 40 percent of women of reproductive age, c. 1995), enhance service delivery through training, and strengthen local partners in management, supervision, and logistics. If the ban on support to the GON were to be lifted, USAID/Nigeria would engage the public sector in select program areas such as training, research, and monitoring and evaluation as outlined in the A and B funding scenarios in the Resource Request (R2B) section, pages 51 to 73.

Performance Data Tables: SO1 Increased Voluntary Use of Family Planning

Performance Data Table 1a

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: SO1 Increased voluntary use of family planning			
INDICATOR: Contraceptive prevalence rate, modern methods			
UNIT OF MEASURE: percent of women ages 15-49 years SOURCE: NDHS (1990), NISH (1993-94), MICS (1995) INDICATOR DESCRIPTION: nationwide COMMENTS: New targets established based on 1995 baseline due to disruption in contraceptive supply. Niger Bus surveys conducted in 1993-97 indicate a drop in use of most contraceptives (except condoms) from 1993-95, followed by rises to new high levels in 1996 and 1997. n.a. = not available	YEAR	PLANNED	ACTUAL
	1990 (B)		3.8 percent
	1993		9.3 percent
	1994		11.3 percent
	1995		7.1 percent
	1996	7.7 percent	n.a.
	1997	8.3 percent	n.a.
	2000 (T)	10.0 percent	

Performance Data Table 1b

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: SO1 Increased voluntary use of family planning			
INDICATOR: Contraceptive prevalence rate, modern methods (USAID focus areas)			
UNIT OF MEASURE: percent of women ages 15-49 years SOURCE: Integrated Baseline Household Survey INDICATOR DESCRIPTION: USAID focus areas only COMMENTS: n.a. = not available	YEAR	PLANNED	ACTUAL
	1995 (B)		11.3 percent
	1996	12.8 percent	n.a.
	1997	14.4 percent	n.a.
	2000 (T)	19.0 percent	

Performance Data Table 1.1a

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria	
RESULT NAME: IR1.1 Increased demand for modern contraception	
INDICATOR: Proportion of women knowledgeable of at least one modern method of family planning	

UNIT OF MEASURE: percent of women ages 15-49 years SOURCE: NDHS (1990), NISH (1993-94), MICS (1995) INDICATOR DESCRIPTION: nationwide COMMENTS: Only years with valid survey data are listed. MICS (1995) also reported that 68 percent of men knew of at least one modern method of family planning. Niger Bus surveys conducted in 1995-97 indicate continuing rises in levels of awareness among adults for condoms, pills, and injectables but not for IUDs. n.a. = not available	YEAR	PLANNED	ACTUAL
	1990 (B)		44 percent
	1993		57 percent
	1994		61 percent
	1995		67 percent
	1996		n.a.
	1997		n.a.
	2000 (T)	85 percent	

Performance Data Table 1.1b

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1.1 Increased demand for modern contraception			
INDICATOR: Proportion of women knowledgeable of at least one modern method of family planning (USAID focus areas only)			
UNIT OF MEASURE: percent of women ages 15-49 years SOURCE: Integrated Baseline Household Survey (1995) INDICATOR DESCRIPTION: USAID focus areas only COMMENTS: n.a. = not available	YEAR	PLANNED	ACTUAL
	1995 (B)		39 percent
	1996	48 percent	n.a.
	1997	57 percent	n.a.
	2000 (T)	80 percent	

Performance Data Table 1.2

STRATEGIC OBJECTIVE 1: Increased voluntary use of family planning APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1.2 Increased Availability of Modern Contraceptives			
INDICATOR: Couple-Years of Protection			
UNIT OF MEASURE: Couple-Years of Protection SOURCE: Calculated from sales figures of Population Services International / Society for Family Health INDICATOR DESCRIPTION: Aggregate of contraceptive effects of all commodities sold through PSI's contraceptive social marketing program. CYPs calculated using factors recommended by AFR Bureau. COMMENTS: PSI's distribution is estimated to comprise 85-90 percent of the national supply; public sector distribution is negligible. Sales of commodities provided by ODA and UNFPA account for 73,500 CYP in 1996. Sales of commodities provided by ODA/DFID account for 71,000 CYP in 1997.	YEAR	PLANNED	ACTUAL
	1991(B)		12,508
	1992		47,004
	1993		645,767
	1994		815,756
	1995		989,574
	1996		642,096
	1997		718,158
	2000 (T)	5,300,000	

B. Strategic Objective 2: Improved Maternal and Child Health Practices

USAID/Nigeria's efforts under SO2 support U.S. interests to protect human health and reduce the spread of infectious diseases. The Department of State's most recent Mission Performance Plan (MPP) for Nigeria lists the maintenance of an NGO health delivery program by USAID/Nigeria as a critical operating assumption. In fact the MPP's action plan through FY 2000 cites the importance of maintaining engagement with grassroots NGOs in Nigeria as essential to "maintain our influence with the bulk of Nigerian people who share our goals and interests [and] to be ready to influence events when the military regime begins its transition to democracy." The MPP also lists two specific objectives for FY 1996-2000 which are directly served by USAID's child survival program, namely (1) to "improve non-governmental capacity to contribute to child survival..." and (2) to "contribute to basic humanitarian health care outreach to poor and underserved Nigerians, including northern populations."

USAID/Nigeria provides pivotal support to NGOs in 14 focus states in order to facilitate the private provision of community health services for populations which would otherwise lack access to quality health care. USAID/Nigeria also collaborates with various other international agencies active in promoting child survival and health in Nigeria, particularly DFID, UNICEF, and WHO, as well as private organizations such as Rotary International, Polio-Plus, and Global 2000. It is worth noting that USAID/W provides direct support not only to UNICEF (at the global level) but to all three of the private organizations mentioned above. The Inter-Agency Coordinating Committee (ICC), under the leadership of Federal Minister of Health, serves to coordinate donor efforts throughout the country and provides USAID/Nigeria and the IPs with a significant avenue to influence national policies and collaborate with donors and other major players.

Program Performance

In 1997, performance on this SO has exceeded expectations particularly due to the very successful implementation of immunization efforts in focus areas. Some progress has also occurred toward implementing and improving Integrated Management of Childhood Illnesses (IMCI) in the communities assisted by USAID/Nigeria IPs and in encouraging adoption of IMCI at the national level. The original results framework developed by USAID/Nigeria also included Intermediate Results (IRs) in child nutrition and maternal health; while these areas continue to receive attention through the integrated health programs promoted by the USAID/Nigeria, the emphasis on these IRs has been greatly reduced since the extensive downsizing of the program as a whole in 1994, and the subsequent departure of key IPs which were to implement technical programs toward achieving these results.

IR2.1: Improved immunization practices and coverage

USAID/Nigeria and its IPs succeeded in supporting significant gains in immunization coverage in 1997. A recent report by UNICEF (The Progress of Nations, 1997) listed Nigeria as one of the 10 sub-Saharan African nations least likely to achieve the Global Health Summit goal of 90 percent coverage by the year 2000. UNICEF projected that less than one-third of Nigerian infants will have completed DPT vaccination by age one in the year 2000,

leaving an annual total of nearly three million infants unprotected against diphtheria, pertussis, and tetanus. However, based on the successes of National Immunization Days (NIDs) carried out in 1996 and 1997 and the fact that a well-coordinated planning effort is already underway for the 1998 NIDs, USAID/Nigeria believes that UNICEF's projection is far too low and that Nigeria actually stands a chance of attaining the goal of 90 percent coverage.

The table below summarizes national survey-based data on trends in immunization coverage since the 1990 DHS along with the GON's administrative estimates for 1997, following the NIDs. The surveys in 1993-95 probably overstated the level of coverage. Administrative estimates, based on data on vaccine doses distributed and estimates of the target population, vary greatly: After the 1996 NIDs, for example, the GON reported that coverage had reached as high as 75 percent, a number few in the donor community were willing to accept. After the more thorough and successful 1997 NIDs, the government officially estimated coverage for DPT3 at 32 percent, measles coverage at 40 percent, and coverage with two doses of polio vaccine at 93 percent. The latter figure is thought to be about 15 percentage points too high, but one which does reflect the intensified polio eradication efforts of the GON and various donors and private organizations, particularly Rotary and PolioPlus.

Table 3: National vaccination coverage levels among children 12-23 years of age, 1990-97

year	DPT3	measles	polio3	source
1990	21 percent	21 percent	21 percent	DHS
1993	33 percent	40 percent	34 percent	NISH
1994	36 percent	39 percent	35 percent	NISH
1995	28 percent	40 percent	27 percent	MICS
1997*	32 percent	48 percent	94 percent **	FMOH

*-administrative estimates **-polio2

The comparison of administrative and survey estimates may not fully bear out the gains in nationwide immunization that USAID/Nigeria feels must have occurred. For the first time since perhaps the mid-1980s, sufficient quantities of vaccines and vaccination equipment were available nationwide in 1997, thanks to the concerted efforts by the GON, donors, and private organizations. It should be noted that neither survey nor administrative estimates reflect the improved operation, a major area of USAID program impact through provision of cold chain equipment and technical training in the storage, distribution, and administration of vaccines.

The NID effort in 1997 was coordinated at the national level by the ICC with USAID and its IPs taking leading roles on the two-subcommittees, BASICS and CDC/Nigeria serving on the technical committee and JHU/PCS on the social mobilization committee. Through exchange of technical information and hard data on population coverage, USAID and its IPs played a pivotal role in strengthening partnerships among international donors, NGOs, community-based organizations (CBOs), local governments, and the Federal Ministry of Health (FMOH), a role for which the agency has received national recognition from the federal and participating state governments.

The impact of USAID/Nigeria's support has been greatest in the 14 focus states where the IPs work with NGOs serving otherwise neglected population groups. Using the GON's recently-released, state-level administrative estimates for coverage with two doses of oral polio vaccine, one can calculate that coverage of the under-five population was 29 percent higher in the 14 focus states than in the remainder of the country after the first round, in November, and 8 percent higher after the second round, in December 1997. It is believed that coverage for other antigens such as measles reached well above 50 percent in the focus states following the 1997 NIDs (see PDT). Performance on the USAID/Nigeria's immunization coverage indicators will be more precisely measurable through the follow-up to the IBHS or a DHS.

In preparation for two rounds of NIDs in November and December 1997, USAID's IPs provided technical support and helped promote community mobilization through 60 partner NGOs in the USAID clusters. Assistance from CDC/Nigeria included provision of cold chain equipment and 325,000 syringes and needles to NGO partners and training of 92 health workers in immunization techniques and management. Social mobilization and service delivery activities were conducted in all 85 facilities assisted by CDC as well as 100 outreach communities. JHU/PCS contributed to the NID effort by designing, producing, and distributing a variety of IEC materials in focus areas and provided radio and TV messages, which were aired by Africare with USAID support. Materials produced and distributed included 95,000 posters, 160,000 leaflets and 3,000 identification stickers, 249 radio jingles and 127 television messages on 15 radio and 16 television stations in English, Ibo, Hausa and Yoruba languages across the 14 cluster states.

Surveys of specific catchment areas in Lagos and Kano covered by Community Partnerships for Health (CPHs) organized by the BASICS Project have established local baselines against

which progress will be measured after 2-3 years. As illustrated in the table below, the 1997 immunization coverage data found during a "Capacity-Building Exercise" (CBE) for the six communities in Lagos, where the population served is estimated at over 600,000 people, including about 120,000 children under five years of age, can be quite favorably compared to the 1995 IBHS findings for a wider sample around the CPH communities. The CPHs promoted and offered vaccinations during NIDs in 1996 and 1997; because the 1997 figures were for the most part gathered before the 1997 NIDs had taken place, actual coverage may now be significantly higher.

Table 4: Vaccination coverage among 12-23 months of age, Lagos, 1995-97 (card only)

vaccine	1995 IBHS	1997 CBE
BCG	31.5 percent	46.5 percent
DPT3	24.7 percent	43.8 percent
Polio3	27.7 percent	43.8 percent
Measles	21.1 percent	38.1 percent
TT2*	3.4 percent	27.0 percent

*among women delivering in previous 12 months

Immunization is one of the key areas of technical support by the BASICS project to its CPHs in Lagos and Kano. BASICS supported the eleven CPHs in Kano and Lagos to engage their 26 health facilities, 290 CBOs, 47 patent medicine vendors, and 27 traditional healers in mobilizations and immunizations during the NIDs, a very positive development considering that prior to the formation of the CPHs by BASICS, immunization had never been given a priority in the private sector. Now all health facilities belonging to the CPHs not only participate in the NIDs but also provide routine immunization services. Thanks to BASICS' encouragement, 100 percent of the facilities affiliated with the CPHs were able to take advantage of the availability of government vaccines in 1997, as compared to just 17 percent in 1995; the participation of USAID/Nigeria and the IPs in the ICC was also pivotal to this development.

About half of 85 health facilities belonging to the nine CDC-supported NGOs provided routine immunization services during 1997. To strengthen routine, mass, and accelerated immunization activities, quarterly "community immunization days" (CIDs) commenced in October 1997 as follow-up to the national campaigns. Four NGOs in the Southeast implemented CIDs in their 15 outreach communities in 1997, but all nine CDC-supported activities plan to make this a regular activity in 1998. CDC has also provided pivotal support for mass vaccination campaigns in response to periodic epidemics of cerebro-spinal meningitis and yellow fever. During meningitis epidemics of 1996, USAID/Nigeria-supported mobilization of NGOs led to the immunization of over 50,000 people. In collaboration with the GON and other donor agencies, USAID/Nigeria has now completed training of NGOs in the north in the technical requirements of an epidemic preparedness and response (EPR)

strategy, which includes mass mobilizations. Training will soon be initiated in focus areas in the southwest and southeast clusters as well.

USAID/Nigeria is also leading NGO input into the scheduled Acute Flaccid Paralysis (polio) surveillance being organized by the FMOH. One of the CPHs in Lagos is currently collaborating directly with local government, state government, and WHO to conduct AFP surveillance.

IR2.2: Improved case management of the sick child

Data collected in 1997 for the six communities served by CPHs in Lagos indicate that households have significantly improved management of diarrhea, fever, and acute respiratory infections over the IBHS baselines found for Lagos in 1995 (see table below, PDTs). USAID/Nigeria will be able to measure program performance for all focus areas when a follow-up IBHS is conducted.

Table 5: Case management of childhood illnesses, Lagos, 1995-97

Sample: (children with...)	treatment received	1995 IBHS	1997 CBE
Fever	anti-malarial drug	30.8 percent	43.3 percent
Diarrhea	sugar-salt solution	42.9 percent	50.4 percent
	oral rehydration salts	10.3 percent	12.1 percent
	increased /continued fluid	26.2 percent	91.2 percent
ARI	increased fluid	44.9 percent	79.8 percent
	increased/continued feeding	49.0 percent	91.4 percent

Recent events in Nigeria may help USAID/Nigeria to achieve its targets under this IR: the GON's Petroleum Trust Fund is fully engaged with the public and private sector in the provision of high quality drugs through a revolving system modelled after the Bamako Initiative. Some states, such as Lagos, have moved ahead and introduced free treatment of all children with malaria, a move which took effect in December 1997.

The improved treatment of childhood illnesses in Lagos may reflect BASICS support to improve management and technical capacity in health facilities belonging to the CPHs. For example, BASICS has focussed on improving use of oral rehydration therapy (ORT) by setting up "ORT corners" in 13 clinics in the communities. During the 1997 minor cholera outbreak in Lagos, BASICS swiftly mobilized partners to control the spread of the disease by providing training, assistance with social mobilization, and arranging supply of 36,000 oral rehydration salts (ORS) packets. The CPHs are now receiving further assistance from UNICEF for ORS supply. BASICS has also taken initial steps to facilitate community-based malaria control measures to be undertaken by the CPHs in Lagos and elsewhere.

USAID/Nigeria is coordinating with WHO, UNICEF, and the FMOH to promote endorsement of the IMCI strategy at the national level in Nigeria. A major workshop has been scheduled for April 1998. Collaborating NGOs will be given technical assistance and other necessary support during the adaptation process. Meanwhile, ongoing support to the management and technical capacity of health delivery NGOs and support for IEC activities are contributing to improved case management of children with acute respiratory infections (ARIs), fever, and diarrhea.

CDC's nine NGO partners have worked to improve management of the sick child in 100 communities through community-outreach and facility-based programs. In May 1997, CDC helped train 397 village health workers (VHW) to conduct home visits and provide basic health services including counselling and referrals. Reported totals of services rendered in 1997 by both the VHW and the facilities indicate significant provision of services for children with diarrhea, ARIs, and fever; this data may form a baseline for CDC's monitoring needs.

IR2.3: Improved child nutrition practices

As detailed in last year's R4 submission, the reduction in funding available to USAID/Nigeria for SO2 and the related withdrawal of key IPs active in nutrition has led USAID/Nigeria to cease reporting on this IR. A performance data table on the indicator established to measure progress toward this IR, exclusive breast feeding, is included to reflect the general effectiveness of USAID/Nigeria's NGO partners in improving nutritional aspects of child survival. Training of traditional birth attendants (TBAs), VHWs, and CBD agents is designed to build capacity in promoting proper exclusive breastfeeding practices, promoting an appropriate weaning diet, and discouraging harmful cultural practices as they relate to maternal and child nutrition.

IR2.4: Improved maternal health

USAID/Nigeria has also de-prioritized this IR due to limited funding and withdrawal of key IPs. Thus no PDT is provided in conjunction with maternal health, but it is noteworthy that the integrated health programs pursued by the Mission necessarily address key elements of reproductive health which contribute to improved maternal health. Training of traditional birth attendants (TBAs), village health workers (VHWs), and CBD agents includes efforts to improve community-based identification and referral of high-risk pregnancies. As indicated in the immunization table above, coverage of pregnant women with tetanus toxoid (TT) vaccine in two communities served by CPHs was found to be dramatically higher in 1997 than had been found for greater Lagos in 1995. The CBE assessment in the six communities in Lagos also found that 74 percent of recent mothers had received antenatal care from a doctor, 11 percent from a trained TBA, and 9 percent from an untrained TBA.

Expected Progress through FY 2000 and Management Actions

The likelihood of achieving targets under this SO in USAID focus areas is very good if sufficient resources are made available (see R2B resource request) as the environment for improved provision of NGO health services is encouraging. The GON has finally accepted the need to work closely with NGOs in the health sector and to provide them with the necessary support to enable them to participate in the common goal of improving public health. And more than ever before, the GON is working with the donor agencies in the review and formulation of health policies, as evidenced in the recent adaptation of IMCI, the process of conducting NPIs, and the EPR Initiative. As the BASICS program comes to an end in September 1998, support for the ongoing sub-projects will continue pending final approval of the follow-on project. Institutional strengthening of the Lagos and Kano CPHs will be vigorously pursued while opportunities to replicate similar sub-projects in the southeastern Nigeria will be kept constantly in view. The CDC PASA is being reviewed with a view to addressing the Mission's strategic parameters and programmatic guidelines, particularly the issue of non-engagement with GON. Technical components of CDC's work, including support for IMCI, research, immunizations, and control of diarrheal diseases, will be maintained.

A recent review of monitoring and evaluation by the BASICS project has led to the identification of needs for improved monitoring of NGO capacity-building, micro-credit, and women's empowerment. The review recommended that BASICS adopt specific indicators of organization capacity as well as DG indicators, the formulation of which contributed to monitoring efforts under Special Objective 2. Difficulties in interpreting the trends displayed through indicators for "home management" of childhood illnesses (presented in last year's R4 submission) have led the Mission and the BASICS Project to reconsider the precise indicators to be tracked in this area. The resulting indicators presented here, treatment of diarrhea with ORT and treatment of fever with antimalarial drugs, more closely conform with standardized, common indicators recommended by the Global Bureau. Targets of 80 percent for ORT and 60 percent for treatment of fever correspond to the degree of progress previously anticipated.

Performance Data Tables: SO2 Improved Maternal and Child Health Practices

Performance Data Table 2.1

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2.1: Improved immunization practices and coverage			
INDICATOR: Measles vaccination coverage among children under age one (USAID focus areas)			
UNIT OF MEASURE: percent SOURCE: Integrated Baseline Household Survey (1995) INDICATOR DESCRIPTION: percent of children in USAID focus areas age 12-23 months vaccinated for measles by age one, based on vaccination card only COMMENTS: * = administrative estimate for USAID focus states by USAID/Nigeria based on FMOH reports. Coverage data for Lagos (card only) indicate a rise from 21.1 percent (1995, all surveyed parts of Lagos) to 38.1 percent (1997, six communities with CPHs) before the NIDS took place.	YEAR	PLANNED	ACTUAL
	1995 (B)		34 percent
	1996	43 percent	not available
	1997	50 percent	>50 percent (est.)*
	1998	60 percent	
	1999	75 percent	
	2000 (T)	90 percent	

Performance Data Table 2.2a

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2.2: Improved case management of the sick child			
INDICATOR: oral rehydration therapy (USAID focus areas)			
UNIT OF MEASURE: percent of children with diarrhea receiving correct home management SOURCE: Integrated Baseline Household Survey (1995), Capacity-Building Exercise (1997) INDICATOR DESCRIPTION: ORT is defined here to include administration of oral rehydration salts (ORS) or sugar-salt solution (SSS). COMMENTS: Data for Lagos only. Increased fluids were provided to 26.2 percent of children with diarrhea in 1995 (IBHS) and 91.2 percent of children with diarrhea in 1997 (CBE). Data for all focus areas will be used following second full IBHS.	YEAR	PLANNED	ACTUAL
	1995 (B)		53.2 percent
	1997	64 percent	62.5 percent
	1998	69 percent	
	1999	75 percent	
	2000 (T)	80 percent	

Performance Data Table 2.2b

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2.2: Improved case management of the sick child			
INDICATOR: Correct treatment of malaria (USAID focus areas)			
UNIT OF MEASURE: percent SOURCE: Integrated Baseline Household Survey (1995), Capacity-Building Exercise (1997) INDICATOR DESCRIPTION: percent of children with fever receiving anti-malarial drugs COMMENTS: Data for Lagos only. Data for all focus areas will be used following second full IBHS.	YEAR	PLANNED	ACTUAL
	1995 (B)		30.8 percent
	1997	35 percent	43.3 percent
	2000 (T)	80 percent	

Performance Data Table 2.3

STRATEGIC OBJECTIVE 2: Improved Maternal and Child Health Practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2.3: Improved child nutrition practices			
INDICATOR: Exclusive breastfeeding (USAID focus areas)			
UNIT OF MEASURE: proportion of infants exclusively breast-fed for first four months of life SOURCE: Integrated Baseline Household Survey (1995) INDICATOR DESCRIPTION: COMMENTS: IBHS 1995 asked mothers about last birth in previous 5 years	YEAR	PLANNED	ACTUAL
	1995 (B)		3.2 percent
	1996	5.4 percent	not available
	1997	7.8 percent	not available
	1998	10.2 percent	
	1999	12.6 percent	
	2000 (T)	15 percent	

C. Special Objective 1: Improved HIV/AIDS / STD Prevention & Control Practices

The sheer number of individuals currently impacted by HIV/AIDS in Nigeria compel a humanitarian response in line with the Agency's goal to protect human health. The potential for a further explosion of the HIV/AIDS epidemic in Nigeria, and therefore throughout West Africa, justify this Special Objective in support of specific U.S. national interests to (1) reduce the spread of infectious diseases and (2) ensure that local and regional instabilities do not threaten the security and well-being of the United States or its allies. The State Department's most recent Mission Performance Plan for Nigeria specifically lists the need to improve non-governmental capacity to contribute to AIDS prevention as an objective for FY 1996-2000. The U.S. Embassy in Lagos relies on USAID/Nigeria to work toward this objective.

HIV/AIDS has become a major public health problem in Nigeria, as trends in HIV seroprevalence and reported cases of fully-blown AIDS attest. Following a nationwide HIV seroprevalence survey in 1991-92, the Federal Ministry of Health (FMOH) estimated national HIV prevalence at 1.2 percent of the adult population. This figure increased rapidly to 3.8 percent in 1994, exceeding WHO epimodel projections and bringing the absolute number of HIV infections in Nigeria to nearly 2 million, which represented about 10 percent of the estimated global burden. In January 1998, the GON estimated current HIV prevalence at 4.5 percent; experts in Nigeria consider this figure to be very conservative and estimate actual prevalence at about 6-7 percent.

USAID/Nigeria has been far and away the major donor supporting appropriate responses to the HIV/AIDS epidemic in Nigeria. The Mission's support has been channeled largely through a buy-in to the centrally-funded AIDSCAP Project, which ended September 1, 1997. A bridging grant to Family Health International is allowing AIDSCAP/Nigeria to continue promoting HIV/AIDS prevention through April 30, 1998, at which time the Mission anticipates continued assistance from the follow-on IMPACT and AIDSMARK projects. Until January 1997, USAID/Nigeria relied on Population Services International (PSI) to implement the condom social marketing element of the program; recently the Mission has been permitted to resume condom supply for HIV/AIDS prevention, renewing its relationship with PSI. HIV/STD prevention and control efforts are also supported by the integrated health programs promoted by the Mission's other IPs, including BASICS Project, CDC/Nigeria, CEDPA, and JHU/PCS.

Program Performance

The impact of the USAID/Nigeria's support to help control the HIV/AIDS epidemic exceeded expectations in the past year, despite the temporary discontinuation of the condom supply element of the program by USAID/W. As detailed below, surveys conducted in early 1997 indicate that AIDSCAP's behavior change communication (BCC) strategies have effectively raised awareness (see IR1) and promoted safer sexual behavior among targeted, high-risk

population groups. Since USAID/Nigeria was mandated to withdraw funding for condom supply in 1996, condom availability has become questionable (see IR2). The British Overseas Development Agency (ODA) and its successor (DFID) have stepped in to pick up some of the slack; the inputs of other donor agencies are far smaller in scale.

Overall performance on this special objective can be measured through population-based indicators of safer sexual behavior. At the national level, long-term increases in reported condom use among the general population can be strongly associated with the social marketing efforts of PSI, which has worked to increase condom availability as well as awareness of the need to use condoms for family planning and/or HIV/AIDS/STD control. After the 1990 DHS found that just 0.5 percent of women of reproductive age reported using condoms, Nigerbus surveys found that levels of condom use among the general adult population rose sharply from 1993 (5 percent) to 1995 (14 percent). After a 1996 finding of 26 percent, which Nigerbus characterizes as something of an anomaly attributable to the random sampling process, 1997 survey found that over 17 percent of adults reported using condoms, a sharp drop from 1996 but in line with a more gradual long-term trend of increasing use. The shorter-term levelling off of the overall trend may be associated with the funding and supply difficulties experienced by PSI.

Indicators of behavior among specific high-risk population groups targeted by the AIDSCAP project provide evidence of results more directly attributable to USAID/Nigeria's support in recent years. AIDSCAP's follow-up surveys conducted during early 1997 show that targeted populations have adopted safer sexual practices, including using condoms and limiting the number of sexual partners, and that men with sexually-transmitted infections (STIs) have begun to more frequently identify and seek treatment for those infections. Since AIDSCAP's target groups - including commercial sex workers (CSWs), dock workers, truck drivers, students, and youth - comprise some of the most significant reservoirs of HIV in Nigeria as well as the groups most vulnerable to HIV transmission, there has undoubtedly been a significant impact of the Mission's program in terms of overall prevention of new HIV infections in Nigeria.

AIDSCAP's follow-up surveys provide ample evidence that the use of condoms has significantly increased among various targeted groups since baseline surveys were conducted in 1993 and 1995. For example, as indicated in PDT3.0, among dock workers who report at least one "non-regular" partner, the proportion of survey respondents who used a condom in the most recent sexual encounter with a non-regular partner increased more than threefold from 14 percent in 1995 to 45 percent in 1997; among long-distance truck drivers, the proportion more than doubled from 21 percent in 1993 to nearly 45 percent in 1997. Among all truck drivers who are sexually active, the percentage reporting having ever used a condom increased astronomically from just 2.3 percent in 1993 to 75 percent in 1997.

Condom use among CSWs has also increased, though AIDSCAP's data indicate wide variations by region: in 1997, over 98 percent of CSWs in Cross River but only 47 percent of CSWs in Jigawa reported ever having used a condom before. As many as 85 percent of

CSW respondents in Cross River said they used condoms all the time, whereas only 39 percent reported this in Jigawa, which is located in the more traditional and conservative far north of Nigeria.

Among tertiary school students in Lagos, consistent condom use ("always in the past 12 months") with regular partners increased from a baseline of 25 percent in 1993 to 47 percent at follow-up in 1997. An average of 59 percent of all student respondents reported condom use in the last sexual encounter with a spouse and 71 percent reported condom use during the last sexual encounter with a non-regular partner. In addition, the percentage of students who reported that they refrained from sexual relations with a person who refused to use a condom increased from 25 percent at baseline to between 40 and 53 percent in 1997.

AIDSCAP's BCC interventions also emphasize limiting the number of sexual partners as a method to prevent HIV infection. Among sexually-active dock workers targeted by AIDSCAP, 93 percent limited sexual relations to a regular partner in 1997 as opposed to a baseline of 71 percent in 1995. While the follow-up surveys of truck drivers found that they are clearly continuing to practice somewhat risky behavior, there is evidence that they are beginning to reduce their numbers of sexual partners as well.

Effective treatment of STIs, particularly undetected STIs among men, is another strategy promoted by AIDSCAP to reduce transmission of HIV, which is more easily passed among partners who already suffer other STIs. After AIDSCAP's BCC interventions, the proportion of targeted dock workers who sought STI treatment from an appropriate facility during the past 12 months went from 26 percent at baseline (1995) to 55 percent at follow-up (1997). AIDSCAP's follow-up surveys also found that truck drivers appeared to be more willing to obtain advice and treatment of STIs from pharmacies, clinics, hospitals, and health care workers.

IR1: Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission

The behavior changes documented above are a product of carefully planned IEC campaigns promoting improved knowledge and attitudes. AIDSCAP's follow-up surveys in 1997 found measurable increases in levels of knowledge of HIV, modes of HIV transmission, and ways to avoid HIV infection, as well as improved perceptions of personal risk among the targeted groups.

As PDT 3.1a indicates, national surveys indicate steady increases in knowledge of HIV among the general population between 1993 and 1995, suggesting that the Mission's target of 80 percent for the year 2000 may well be attainable. Admittedly increases in knowledge of HIV will occur naturally in a country where more and more people are dying of AIDS each year. In Nigeria, the recent death of the universally known music star Fela Kuti, for example, has ended up serving as a strong catalyst for increased national HIV/AIDS awareness. The nation was stunned when the musician's brother, himself a former Minister of Health,

announced to a stadium full of mourners in Lagos that Fela's death in November 1997 was due to complications caused by AIDS. This event marked an awakening and perhaps a major milestone in the general recognition in Nigerian society that AIDS can kill anyone who does not take the proper precautions to avoid HIV infection.

It is difficult to quantify the degree of growth in national HIV/AIDS awareness directly attributable to the efforts of USAID's various IPs, but there is little doubt that the national-level campaigns by PSI/SFH have contributed greatly over the years. On the other hand, there is ample evidence of USAID/Nigeria's contribution to increased awareness among specific targeted groups. While the last national survey to inquire about knowledge of HIV found that 55 percent of the general population knew about HIV in 1995 (see PDT 3.1a), the level of awareness of HIV/AIDS across AIDSCAP projects is now consistently over 80 percent, significantly higher than AIDSCAP's target level of 70 percent for targeted groups for 1999. AIDSCAP's 1997 survey findings confirm that the increases in knowledge about HIV/AIDS and ways to avoid it have been substantial since baseline surveys and coincide with the IEC campaigns conducted by AIDSCAP (also see PDT 3.1b):

- Among the dock workers in Lagos, the surveys indicated in 1997 that 98.3 percent have heard of AIDS and 87 percent believed that there are ways to prevent it, an increase of over 12 percent from the 1995 baseline. The knowledge that condom use can prevent HIV transmission increased from 78.5 percent to 92.1 percent by the end of the project in 1997. And the proportion of dock workers able to cite at least two acceptable ways of preventing HIV transmission increased from 60.6 percent in 1995 to 88 percent in 1997.
- Among youths targeted by AIDSCAP's IEC interventions, over 90 percent had heard of AIDS in the 1997 follow-up survey. Over 80 percent cited condoms as a means of prevention, 76 percent cited having one sexual partner, 50 percent mentioned abstinence, 60 percent cited avoiding casual sex; only 5-10 percent indicated that they did not know how to protect themselves against HIV/AIDS.
- Among the long distance truck drivers, about 85 percent felt that HIV transmission could be avoided. Up to 91.7 percent of drivers cited condom use as a means of prevention, 78.8 percent cited abstinence. Overall, the proportion of drivers able to cite two acceptable ways of preventing HIV transmission increased dramatically from a baseline of 48.2 percent in 1993 to 92.4 percent in the follow-up survey in 1997.
- Among CSWs, the 1997 surveys found that 86 percent cited condom use as a means of prevention.

Process indicators over the life of the project document the level of effort undertaken by AIDSCAP to effect the positive results described above: Since 1993, IEC services have been provided to over 950,000 CSWs, long distance truck drivers, dock workers, students in tertiary institutions, market women, and girls. This total far surpasses the projected target of

reaching 250,000 people through the life of the project. The effort to raise awareness has also been supported by 172 media spots and 440,000 IEC materials. And over 6,000 "peer health educators" were trained to serve as agents of behavior change in various social groups.

Examples of related efforts under other IPs' integrated health programs include youth awareness activities supported by the BASICS Project, which enabled six youth to attend international conferences on HIV/AIDS and mobilized the youth wings of the CPHs for World AIDS Day (January 12, 1997), reaching an estimated total of 20,000 young Nigerians.

IR2: Increased availability of condoms

Progress toward this IR can be measured through condom sales by PSI and the number of outlets where condoms are available. Difficulties experienced by USAID/Nigeria in continuing to supply condoms to PSI's social marketing program are discussed under SO1 on family planning. Condoms sales declined drastically in 1996 and subsequently recovered only slightly in 1997. USAID/W has recently permitted the supply of nearly 18,000,000 condoms to PSI, with arrival scheduled for July 1998. Barring the full reinstatement of USAID/W support for condom supply, USAID/Nigeria cannot realistically be held responsible for achieving this result. The unlikelihood of attaining the target of 60,000,000 condom sales has grave ramifications for the chances of achieving the special objective as a whole. The British development agency DFID has stepped in with support to PSI for marketing of the "Cool" brand, which is specifically directed toward youth, but sales of "Cool" condoms have been relatively minimal compared to previous high levels of USAID's "Gold Circle" brand (see PDT 3.2).

In the initial strategic plan drawn up for HIV/AIDS prevention, AIDSCAP was to be responsible for implementing condom distribution through a sub-agreement with PSI affiliate, Society for Family Health (SFH). Performance indicators were selected to gauge success and targets were set to distribute a cumulative total of 25,000,000 condoms to target populations and to bring about a 50 percent increase in the number of condom outlets serving targeted populations. Early in project implementation, the strategy was revised and USAID provided funding directly to PSI/SFH for the national social marketing program, which has resulted in the distribution of nearly 200,000,000 units, far exceeding the original target set for AIDSCAP. In the meantime, AIDSCAP has worked in close collaboration with SFH to train AIDSCAP partner NGOs as distributors and to supply USAID/Nigeria's other IPs with condoms for their integrated family planning and health programs. As of March 1997, a 49 percent increase in the number of outlets established for target populations was achieved, nearly meeting the original target.

Expected Progress through FY 2000 and Management Actions

During the extension to AIDSCAP, a total of 12 sub-grants have been awarded to 12 new local NGOs, including four sub-grants in each of USAID's three geographic clusters. Program activities under these grants are in their early stages, but it is expected that the sub-grants, and the activities of the follow-on to AIDSCAP, will enable USAID to meet targets established for indicators of HIV awareness and mitigation of the impact of HIV/AIDS (see PDTs). The strategic design for the follow-on bridging extension (September 1, 1997 - April 30, 1998) has been dramatically influenced by (1) observation of the rapidly increasing impact of cases of fully-blown AIDS on Nigerian society in general and Nigeria's health care system in particular and (2) specific lessons learned during AIDSCAP's successful IEC campaign based on a BCC strategy.

(1) Cumulative reported cases of fully-blown AIDS have increased from 0 in 1983 to 1,148 in April 1994 and 10,803 cases by November 1997. Between November and December 1997, an additional 7,531 cases were reported, representing a nearly 70 percent increase within just one month. These figures, which represent just a tip of the iceberg, are not only indicative of an exponential growth in the magnitude of the epidemic but also a rapid change in the nature of the epidemic in Nigeria.

An additional performance data table (see PDT 3.3) has been provided, focussing on trends in the capacity of community-based organizations to provide home-based care to AIDS patients as they are released from hospitals. Baseline data is currently being gathered from facilities in the communities served by CBOs working with AIDSCAP/Nigeria. Some NGO programs have added a component to offer psychosocial and economic support to PLWHAs and PABAs through counselling and vocational skills transfer and to facilitate the establishment of networks of HIV-positive individuals. These networks are envisaged to provide an opportunity for PLWHAs and PABAs to organize themselves into pressure and advocacy groups for the purpose of protecting and promoting their rights and privileges as well as emerging interests.

(2) Based on AIDSCAP's successes in effecting improvements in attitudes and knowledge among targeted population groups, USAID/Nigeria will continue to support the use of BCC as the main strategy to promote HIV prevention. However, some new design elements will be necessary: Ironically, as the level of HIV/AIDS awareness increases in the targeted populations, misconceptions have also been observed to increase. For instance, among dock workers, the proportion of those who believe that one can contract HIV/AIDS from public toilets increased by 21.4 percent from baseline, from mosquitoes by 30.6 percent, from casual contact with PLWHAs by 11.1 percent, and from sharing food with PLWHAs by 17.4 percent. High levels of similar misconceptions were also observed in the most recent round of surveys of long distance truck drivers and youth. These misconceptions can torpedo our new community-based care and support initiatives for PLWHAs and PABAs and may have grave consequences for the sustainability of preventive projects. While it is difficult to explain exactly why misconceptions about HIV/AIDS increased as the level of HIV awareness

increased, these observations have been addressed in the strategic design of the follow-on project by plans to better address common myths and misconceptions about HIV/AIDS in future messages.

Three of the 12 new NGO sub-grants were awarded for HIV/AIDS/STI prevention programs among youth, one in each cluster area. USAID/Nigeria's decision to focus on youth projects has been greatly influenced by the Ugandan success story of declining HIV prevalence achieved in part through strongly targeting youth. The remaining six subgrants (two per cluster) were awarded to NGOs working with at-risk target populations such as CSWs and long distance drivers, groups with which AIDSCAP has demonstrated success in the past. Please refer to the resource request (R2B) section for a discussion of necessary resources that will be needed to achieve program objectives.

Performance Data Tables:

Special Objective 1, Improved HIV/AIDS/STD prevention and control practices

Performance Data Table 3.0

SPECIAL OBJECTIVE 1: Improved HIV/AIDS/STD prevention and control practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: Improved HIV/AIDS/STD prevention and control practices (SO)			
INDICATOR: Proportion of targeted population group reporting condom use in most recent act of sex with non-regular partner			
UNIT OF MEASURE: percent SOURCE: AIDSCAP surveys INDICATOR DESCRIPTION: measured groups targeted by AIDSCAP COMMENTS: (a) = long-distance truck drivers (b) = dock workers See narrative for more data on levels of reported condom use among other population groups. n. a. = not available	YEAR	PLANNED	ACTUAL
	1993 (B)		(a) 21.2 percent (b) n. a.
	1995 (B)		(a) n. a. (b) 13.9 percent
	1997		(a) 44.8 percent (b) 45.0 percent

Performance Data Table 3.1a

SPECIAL OBJECTIVE 1: Improved HIV/AIDS/STD prevention and control practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission			
INDICATOR: Proportion of men and women knowledgeable of HIV transmission			
UNIT OF MEASURE: percent	YEAR	PLANNED	ACTUAL
SOURCE: Federal Office of Statistics (1993), NISH (1994-95)	1993 (B)		47 percent
INDICATOR DESCRIPTION:	1994	52 percent	54 percent
COMMENTS: National-level data unavailable since 1995. Mission impact on knowledge of HIV/AIDS is more measurable among targeted groups (see narrative, PDT 3.1b). n. a. = not available	1995	56 percent	55 percent
	1997	66 percent	n.a.
	2000 (T)	80 percent	

Performance Data Table 3.1b

SPECIAL OBJECTIVE 1: Improved HIV/AIDS/STD prevention and control practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increased awareness of HIV/AIDS/STDs and how to prevent HIV/STD transmission			
INDICATOR: Proportion of targeted groups able to cite two acceptable means to prevent HIV infection			
UNIT OF MEASURE: percent	YEAR	PLANNED	ACTUAL
SOURCE: AIDSCAP	1993 (B)		(a) 48.2 percent (b) n. a.
INDICATOR DESCRIPTION: "acceptable means" include use of condom, limiting partners, avoiding CSWs, avoid transfusion, avoid blood contamination from unsterile skin-piercing instruments	1995		(a) n. a. (b) 60.6 percent
COMMENTS: n. a. = not available (a) - truck drivers (b) - dock workers	1997		(a) 92.4 percent (b) 88.0 percent

Performance Data Table 3.2

SPECIAL OBJECTIVE 1: Improved HIV/AIDS/STD prevention and control practices APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2: Increased availability of condoms			
INDICATOR: Condoms sold			
UNIT OF MEASURE: Condoms SOURCE: Population Services Intl. / Society for Family Health INDICATOR DESCRIPTION: based on condom sales by PSI only. All figures are USAID-supplied commodities only, except 4,580,000 condoms supplied by ODA in 1996 and 4,223,814 supplied by ODA/DFID in 1997. COMMENTS: Since USAID funding for condom supply was discontinued in 1996, the Mission can no longer be held accountable for performance on this indicator. Targets were revised in 1997 in light of the disruption of USAID condom supply. No distinction is attempted here between sales of condoms used for family planning vs. STD control.	YEAR	PLANNED	ACTUAL
	1991(B)		17,000,000
	1993		24,000,000
	1994		45,200,000
	1995		55,600,000
	1996		34,200,000
	1997	43,000,000	37,333,826
	1998	51,000,000	
	1999(T)	60,000,000	

Performance Data Table 3.3

SPECIAL OBJECTIVE 1: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic** APPROVED: August 1992 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR3: Mitigation of impact of AIDS through community home-based care of PLWHAs and PABAs			
INDICATOR: proportion of AIDS patients managed at home without stigmatization and discrimination**			
UNIT OF MEASURE: percent <hr/> SOURCE: to be determined with AIDSCAP follow-on project <hr/> INDICATOR DESCRIPTION: AIDS patients receiving proper home management as a percent of total released from health facilities <hr/> COMMENTS: t.b.d. = to be determined ** - Wording of SO and IR reflect 1997 revisions.	YEAR	PLANNED	ACTUAL
	1998 (B)		t.b.d.
	2000 (T)	50 percent	

D. Special Objective 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance

USAID/Nigeria's DG program directly supports the first and foremost goal listed in the State Department's most recent Mission Performance Plan (MPP) for Nigeria, namely to "work toward the restoration of an elected civilian government, unhindered by the military, within a unified Nigeria." The program also directly supports another goal listed in the MPP to "promote respect for basic human rights and implementation of due process..." Four specific objectives listed in the MPP, and reviewed at the beginning of this document, repeatedly confirm the importance of USAID's work in promoting democratization and respect for human rights. The call to "promote a culture of democracy" is precisely the kind of sustainable transformation USAID Nigeria's program is pursuing. The MPP calls for continuation, if not an increase, in DG programs through NGOs as one of the only means to work toward the MPP's goals, given the poor state of bilateral relations. The plan notes that USAID/Nigeria's work with grassroots NGOs serves to maintain a constructive presence in Nigeria and puts the U.S. Government in a good position to influence events when the military government begins its transition to civilian democratic rule.

The USAID-funded DG program is managed under three separate U.S. Government agencies in Nigeria: the USAID Mission, the United States Information Service (USIS), and the U.S. Embassy's Democracy and Human Rights (116e) Fund (DHRF). A Post Democracy Committee including top-level representation from USAID/Nigeria, the Embassy, and USIS, coordinates and clears all proposed activities. Considering the security risks inherent to the activities being undertaken, both to program implementers as well as participants, Embassy clearance based on careful review and thorough information-gathering and sharing is essential to the safe operation of the program. Monthly donors' meetings serve to coordinate the overall program with those funded by other donors, including the EU, Germany, Denmark, the United Kingdom, Sweden, Norway, and Ireland, who tend to focus primarily on human rights issues.

Whereas USAID/Nigeria has worked primarily at the grassroots with women organizations, USIS and the Embassy complement this effort with support to more nationally-oriented pro-democracy and human rights groups. This review will concentrate on the USAID-managed component of the program but where appropriate will discuss activities and results under USIS and DHRF programs, which are funded by USAID through interagency transfers.

The year under review, FY1997, was more or less an experimental one in the sense that the program did not have a specific framework nor clear targets to meet. USAID's activities in the DG sector commenced in 1996 and were allowed to operate on a rolling design, taking advantage of the windows of opportunity provided by the GON transition program, and building on blocks of experience as the program progressed. Strategic planning consisted of identification of three central components of the DG program - democratic participation, women's political empowerment, and fundamental human rights/civic responsibilities - and defining areas where USAID/Nigeria and its IPs could comfortably work.

More recently, USAID/Nigeria's DG team has designed a results framework (RF) which has helped to more precisely define program objectives, set performance indicators, and identify areas requiring additional attention. The three established components served as landmarks in the design process. The new RF consists of a modified definition of the Special Objective, as presented above, supported by three IRs along with 2-3 sub-IRs below each one. This Results Review will present the DG program's past activities and results in the context of the new framework, though progress under each IR has necessarily been uneven as the program design in fact preceded the creation of the framework. The full RF and related actions being taken to create a program more fully oriented to attaining the results specified under it are presented and discussed below under "Management Actions."

Program Performance

USAID/Nigeria, complemented by the efforts of USIS and the Embassy, has worked to strengthen civil society's contribution to democracy and good governance by increasing awareness of democratic values among certain key groups, particularly women, and building civil society's capacity to respond to opportunities to improve the democratic environment and promote respect for human rights. Activities implemented through CEDPA have promoted political education and mobilization of grassroots organizations towards the formation of networks and coalitions to build a critical mass for democratic change. Activities under JHU/PCS have focused on providing good and effective communication strategy for the program, and harnessing the potentials of Nigeria's relatively assertive mass media to disseminate DG messages to the target audience. Significant additional impact in the DG sector has resulted from USAID/Nigeria's integrated health program, as the BASICS Project, implementing its urban integrated health strategy through the Community Partnerships for Health (CPHs), has promoted increased participation of women in community and family decision-making processes.

The performance of the program in the first year surpassed USAID/Nigeria's expectations, especially in the light of resource constraints and lack of previous experience. Though difficult to measure at the SO level, the impact of the many DG activities was significant. Whereas the USAID/Nigeria provided direct support to 31 NGOs through grants from CEDPA and JHU/PCS, an actual total of 762 organizations ultimately participated in the program during the period as a result of networking and coalitions built around DG issues. Such networks and coalitions are expected to be replicated at the state, regional and national level as the program progresses into more mature phases. Including 390 NGOs and CBOs assisted by the BASICS project, a total of 1,152 organizations has participated in DG activities supported by USAID/Nigeria. The number of women directly involved through FY1997 is over 445,000 for CEDPA/JHU and over 392,000 for BASICS, or a grand total of 838,000 women. JHU/PCS estimates that radio and television spots promoting women's empowerment have reached audiences of roughly 30,000,000 and 20,000,000 respectively.

The most effective networking strategy employed by USAID/Nigeria and its IPs has been the establishment of "100 Women Groups" which enable numerous CBOs within a community to

coalesce around issues of common interest. These groups have successfully advocated against traditional practices which are degrading against women. Major success resulting from this advocacy include the reduction of the compulsory mourning period for widows from one year to six months in Anambra State, widows no longer being forced to drink bath water from their husband corpses as evidence of their innocence of the cause of his death in Abia State, and widows not being dispossessed of their late husband's estate (because they were considered part of the chattel to be inherited) in Enugu State. In the last example, massive awareness campaigns and the activities of legal clinics established under the DG program led to a landmark judgement in favor of women inheritance. In a heavily patriarchal society such as that found in Nigeria's Eastern region, where even a daughter, not to mention a widow, cannot inherit a man's property, this development is truly revolutionary.

IR1: Increased numbers of women with decision-/policy-making skills

There is increasing evidence of positive empowerment of women arising from USAID/Nigeria's program activities. Over 30 women participating in the DG program have now registered intentions to run for political offices, and two women mobilized by partner NGOs are contesting for state governorships in Anambra and Kano States. In Katsina, a predominantly Islamic state in the northern cluster, a workshop organized by women journalists led to the formation of a women politicians' association designed to mobilize women for political participation.

Towards increasing the number of women with decision/policy making skills, over 235 training workshops and seminars were organized by the various NGOs and CBOs assisted by JHU/PCS and CEDPA. A total of 450 women politicians took part in public life skills training conducted by the two IPs during FY1997. An additional 572 women leaders received DG skills training from BASICS, as discussed under SO2; thus, over 1,000 women politicians and leaders were trained through USAID/Nigeria's DG and child survival programs.

Also contributing to this IR in FY1997 were USIS and DHRF grants to a variety of NGOs active in women's empowerment. USIS grants helped provide civil, political, and human rights education for women in the northern and middle parts of Nigeria, grassroots women's development training in Bayelsa State, intensive training for 50 women political activists in Oyo State, and DG mobilization workshops for women in Jos. The DHRF supported a "Women and Democracy" seminar in Ilorin, Kwara State, which was attended by 70 women from various industrial unions nationwide.

IR2: Increased levels of knowledgeable participation by civil society in democratic processes and governance

To sensitize and mobilize communities and create awareness on DG issues, 286 rallies and 261 advocacy activities were carried out, 326 radio/television programs and newspaper articles were produced and nearly 90,000 pieces of IEC materials were produced and distributed by collaborating NGOs in 1997. The total number of beneficiaries of the DG program's media activities is estimated to be over 30 million people. This has set in motion the process of raising consciousness towards the imperative of democratic governance and civil liberties and ensures the increased level of participation of the people in democratic processes and governance as a basis for sustainable development.

The inclusion of six NGOs composed of women in the media during the first phase of the program helped to spread the message far and wide. Before this program, it was difficult to gain the endorsement of traditional rulers toward the quest for gender equity and women's political participation. But through the many advocacy activities of the NGOs, many traditional rulers and religious leaders declared their support for women's political emancipation. The success story of the 100 Women Group strategy, reaching places where USAID did not fund projects, is another prime example of the efficacy of the media intervention adopted for the program.

DHRF-supported activities complementing USAID/Nigeria's pursuit of this IR include "civics/nation-building" reaching about 2,000 secondary school students and 400 teachers in eight states; a seminar on media, civil society and democracy attended by members of the media and human rights community; a seminar on trade unions and the GON's proposed political transition program, attended by about 70 union participants as well as civic leaders and journalists; and a human rights conference. The DHRF also supported production of "Human Dignity," reportedly one of the best local periodicals examining human rights abuses in Nigeria.

USIS grants supported democracy seminars for students in the East (disrupted by security agents), production of a student human rights newsletter "The Discourse", a two-day conflict resolution workshop for Muslim and Christian youth groups in Kaduna, weekly radio broadcasts on human rights awareness in Lagos, and an international DG workshop held in July 1997 in Lagos;

IR3: More civil society organizations with greater capacity for democratic self-governance and protection of human rights

USAID/Nigeria has supported training and networking, both within and between geographic clusters, in order to strengthen the capacity of the partner NGOs and CBOs towards successful implementation of DG programs. These organizations' capacity to execute programs has been further enhanced through a participatory process ensuring the involvement of NGO partners at all stages of policy and goal setting for DG and built-in program components designed to enhance organizational capacity. Each DG project began with sensitization workshops for members of the NGO followed by additional training of NGO officials by the IPs and/or consultants. Efforts at capacity-building were also directed at internal democratic practices in the partner NGOs, which were required to ensure the widest possible participation of their members in the execution of the program.

The IPs also facilitated the establishment of new NGO mechanisms to help pursue the objectives of the DG program. In addition to "100 Women" groups discussed above, four legal aid centers were established to render free legal counsel to victims of rights violations and other abuses, 20 DG youth clubs were established in schools, and a total of 252 DG networks or coalitions have been formed across the country (226 through JHU/CEDPA, 26 through BASICS). As discussed above, the legal clinics in particular played a major role in measurable advances toward women's empowerment, specifically the abolishment of traditional practices which degrade women.

Also contributing toward this IR during FY1997 was DHRF support to a legal aid scheme organized by the National Association of Democratic Lawyers (NADL) to help defend human rights, pro-democracy, labor, and student activists held in detention or otherwise persecuted for their beliefs. USIS grants in FY1997 supported capacity-building for a variety of trade unions and other NGOs focussing on development of civil society throughout Nigeria. In Rivers State in particular, USIS provided grants to support a variety of human rights awareness and capacity-building activities, including one supporting free legal aid for victims of human rights violations.

Expected Progress through FY 2000 and Management Actions

USAID/Nigeria has encountered difficulties in measuring the performance of the program. The first difficulty resulted from the fact that DG involves attitudinal change which sometimes hardly lends itself easily to quantitative measurement over a short period. Only prolonged exposure of target groups to different political situations will allow for more authentic assessment of the full impact of the program. USAID/Nigeria's DG team is investigating population-based indicators and methods to measure impact, such as the Niger Bus survey which has been used by JHU/PCS for some aspects of programming and performance monitoring. The absence of baseline indicators at the start of the program has also made evaluation rather difficult.

Some assumptions on women empowerment made in the absence of survey results proved wrong. For instance, reports by NGOs at the end of the first year indicated that in many cases the assumption that most women would naturally support other women's political empowerment efforts was found to be mistaken, for many women were found to often prefer men's leadership on the assumption that men are more competent leaders. This lesson learned was supported by the Niger Bus, midway into the first phase of the program. USAID/Nigeria has also learned that men's involvement and support is indispensable for real change toward women empowerment. Also significant was the discovery that inadequate democratic practices within the DG NGOs themselves have limited their capacity to deliver.

After a DG review workshop held in October 1997, at the end of first phase of the program, the Mission has responded to some of the foregoing difficulties by redefining program strategy and taking measures to remove or ease these factors in the next phase of the program. For instance, all new project proposals are to state their objectives in precise, clearly measurable terms. Each NGO will be required to include measures for enhancing internal democracy and transparency in the conduct of its operations and the implementation of the program.

It is expected that the program will make even greater impact in 1998-99, partly because many of the activities conducted last year will only fully begin to bear fruit from this year. Networking and coalition-building processes are to continue at higher pace to harness activity outputs for greater impact, which will further enhance the process of building the critical mass for political change. USAID/Nigeria has accepted the workshop's recommendation to expand the program focus and target groups as well as geographical spread. This would address criticisms such as that the Mission was making the DG program a one-gender program and address the recommendation for the need of male support for women empowerment activities.

A stakeholders' identification process is underway to identify new and relevant stakeholders to further enhance the program. The new stakeholders who will be brought together this spring will include town unions, trade unions, professional associations, political groupings, and development associations, among others. The aim is to expand gradually from the women and youth focus of the first phase into wider segments of the civil society. Recommendations of the review workshop are encapsulated in the DG program's new results framework (RF), created to improve focus and performance evaluation.

The full RF includes the following IRs:

IR1: Increased numbers of women with decision/policy making skills

- IR 1.1 More organizations promoting women's decision/policy making skills
- IR 1.2 More organizations promoting/protecting women's rights
- IR 1.3 More organizations promoting women's democratic participation and political empowerment

IR2: Increased levels of knowledgeable participation by civil society in democratic processes and governance

- IR 2.1 More organizations engaged in networking/coalitions and other activities to promote democracy and good governance
- IR 2.2 More youth participating knowledgeably in civil society processes and governance
- IR 2.3 More media organizations engaged in civic education and democracy/governance issues

IR3: More Civil society organizations with greater capacity for democratic self governance and protection of human rights

- IR 3.1 More organizations with improved internal democratic structures and practices
- IR 3.2 More organizations engaged in the protection of human rights

It is envisioned that more emphasis will be placed on civic/political education to raise the awareness of the populace on the basic themes and features of democracy. More coalitions are to be formed and networking toward specific political issues such as accountability and transparency in government, election monitoring, and voter education will be undertaken. It is expected that by 1999, if the transition to democratic rule turns out to be credible and acceptable to the U.S. Government, the program will be further expanded to accommodate the training of democratic institutions such as the states and national assemblies, the judiciary, and political parties to enhance their capacity to operate the new democratic system. Although the military government's program to transit the country to constitutional rule looks suspect in content and intention, the enabling environment for deeper DG work would be enhanced by even a limited return to legality.

Please refer to the R2B resource request section, pages 51 to 73, for a discussion of required resources and what could be accomplished if additional resources were to be made available to this program.

Performance Data Tables: Special Objective 2, Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance

Performance Data Table 4.0

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance.			
INDICATOR: Increased number of CBOs/NGOs participating in USAID/Nigeria DG activities.			
UNIT OF MEASURE: number of organizations SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: COMMENTS:	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		762
	1998	817	
	1999 (T)	882	

Performance Data Table 4.1a

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increase numbers of women with decision-/policy-making skills			
INDICATOR: Increased number of women leaders / politicians who go through USAID/Nigeria DG public life skills training.			
UNIT OF MEASURE: number of women leaders / politicians SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: COMMENTS:	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		450
	1998	570	
	1999 (T)	980	

Performance Data Table 4.1b

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR1: Increase numbers of women with decision-/policy-making skills.			
INDICATOR: Increased number of women exposed to USAID/Nigeria DG sensitization and political awareness activities.			
UNIT OF MEASURE: number of women SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: COMMENTS:	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		445,324
	1998	530,776	
	1999 (T)	660,078	

Performance Data Table 4.2a

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2: Increased levels of knowledgeable participation by civil society in democratic processes and governance			
INDICATOR: Increased number of USAID-sponsored legal clinics			
UNIT OF MEASURE: number of clinics SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: COMMENTS:	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		4
	1998	8	
	1999 (T)	12	

Performance Data Table 4.2b

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR2: Increased levels of knowledgeable participation by civil society in democratic processes and governance			
INDICATOR: Increased number of media NGOs involved in publicizing DG activities			
UNIT OF MEASURE: number of organizations SOURCE: CEDPA, JHU INDICATOR DESCRIPTION: COMMENTS:	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		6
	1998	8	
	1999 (T)	12	

Performance Data Table 4.3

SPECIAL OBJECTIVE 2: Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance APPROVED: 1996 COUNTRY/ORGANIZATION: USAID/Nigeria			
RESULT NAME: IR3: More civil society organizations with greater capacity for democratic self-governance and protection of human rights			
INDICATOR: Increased number of networking and coalition DG groups working on political issues			
UNIT OF MEASURE: number of groups <hr/> SOURCE: CEDPA, JHU <hr/> INDICATOR DESCRIPTION: <hr/> COMMENTS:	YEAR	PLANNED	ACTUAL
	1996 (B)		0
	1997		226
	1998	477	
	1999 (T)	665	

III. Status of Management Contract

The management contract, as specified under the Country Strategic Plan (CSP) approved in 1992 and the Updated Country Implementation Strategy approved in November 1994, is in need of revision but this exercise cannot take place until U.S. policy toward Nigeria is firmly established and the results of the current GON transition to a civilian government can be assessed. Funding for SO1, "Increased use of family planning," has been reinstated this fiscal year and USAID/Nigeria hopes that this extremely important activity which is highly integrated with both other health and DG activities will receive a proportionate share of available funding in future years. Since the CSP was created, Special Objectives in HIV/AIDS and DG have been added. The geographic and programmatic scope of each of the SOs has been reduced for SO1, SO2, and the HIV/AIDS special objective consistent with downsizing, reduction of funding, and other restrictions placed on the program by USAID/W while the special objective for DG was newly created in FY 1996.

There do not appear to be any compelling reasons to realign or consolidate USAID/N's current Strategic and Special Objectives under a straight-lined OYB of \$7 million which is presented as Scenario A in the R2B Resource Request Document. Consideration should certainly be given to upgrading DG from a special objective to a strategic objective, given its importance to U.S. policy and number one priority rating in the R2B under both budget scenarios. The only major other adjustments proposed here are amplification of the Special Objective on HIV/AIDS to read, "Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic." The Special Objective in the DG sector would be modified from simply "Democracy and Governance" to "Strengthened Civil Society Contribution to Sustainable Democracy and Good Governance." This change reflects a maturation of the strategic planning process which is described in the DG program performance section.

Under Scenario B in the R2B in which additional resources would be made available to the program resulting from either a high-level policy decision and/or a genuine democratic transition in Nigeria, a strengthened DG program is proposed which would certainly require its elevation from a special to a strategic objective. The three health objectives (child survival, family planning and HIV/AIDS) would be combined into a new strategic objective which emphasizes the integrated nature of the program, plus the cross-cutting objectives of NGO strengthening and women's empowerment. Finally, under the increased funding Scenario B, a third strategic is proposed in basic education. Please refer to the R2B Resource Request for further details.

Substantive changes in the Mission's program are greatly contingent on political developments within Nigeria and policy considerations emanating from Washington. The Nigerian government has promised a transition to civilian rule by October 1998. The Mission does not feel that the formulation of a new management contract would be worthwhile prior to that point. A contingency program option has been presented in the resource request section in case a genuine democratic transition occurs in Nigeria, or in case U.S. policy

toward Nigeria embraces a strengthened program of support for the NGO sector. Careful planning and assessments plus additional USDH staff and OE resources would definitely be required if an expansion of this type were authorized.

IV. Explanatory Notes

A. Sources of Survey Data:

CBE - "Capacity-building exercises" included baseline community surveys conducted by Community Partners for Health with assistance from BASICS project, 1997.

IBHS - Integrated Baseline Household Survey. Conducted for USAID/Nigeria in USAID focus areas in November 1995. Unpublished report on IBHS findings, 1996.

NDHS - Nigeria Demographic and Health Survey 1990. Columbia, MD: Macro International, 1991.

Niger Bus - Bimonthly national survey conducted by the Research and Marketing Services (RMS), Ltd.

NISH - Nigeria Integrated Survey of Households. Federal Office of Statistics. Semi-annual / Quarterly Survey.

MICS - Multi Indicator Cluster Survey. Implemented by Federal Office of Statistics with UNICEF as supplemental module to March 1995 NISH. Federal Republic of Nigeria/UNICEF, 1996.

B. Documentation of Program Results Produced During FY 1997-98

Ann-Walker, Dr. Judith. "NGO Capacity and Sustainability Assessment Report: FHI/AIDSCAP Nigeria Implementing Agencies." March 1997.

**list these: Following surveys conducted in February and March 1997, AIDSCAP also produced three End-of-Project Evaluation Reports detailing impact of sub-projects targeting high-risk population groups including commercial sex workers and their clients, long-distance transport workers, and dock workers.

Brieger, William R., and Peter Bolade Ogunlade. "Documentation Exercise: A Process Evaluation of the Community Partnerships for Health Programme of BASICS, Nigeria." September-December 1997.

CEDPA. Women on the Move. CEDPA Nigeria Field Office, 1997.

Family Health International, AIDS Control and Prevention Project. Final Report for the AIDSCAP Program in Nigeria. Draft, November 1997.

Pyle, David. Support of Monitoring and Evaluation Component of BASICS/Nigeria Program. Draft, December 1997.

"U Said It!" A Bimonthly Newsletter of the Implementing Partners (Cooperating Agencies) of the USAID/Nigeria Program. Issues 1-6 (Dec. 1996 - Mar. 1998).

C. Current USAID-supported Implementing Partners (IPs) in Nigeria, as of FY 1998:

AIDSCAP	AIDS Control and Prevention Project
BASICS	Basic Support for Institutionalizing Child Survival
CDC	U.S. Centers for Disease Control and Prevention
CEDPA	Center for Development and Population Activities (including ACCESS Project)
JHU/PCS	Johns Hopkins University / Population Communications Services
PPFN	Planned Parenthood Federation of Nigeria (IPPF affiliate)
SFH	Society for Family Health, affiliate of Population Services International (PSI)
USIS	United States Information Service

D. Current USAID Focus Areas

The current USAID focus areas were established in 1995 in order to concentrate the impact of USAID program interventions. States within the three clusters are home to nearly half of the national population. For purposes of program performance monitoring, the mission conducted the Integrated Baseline Household Survey in NGO catchment zones in these focus areas in November 1995. Most USAID activities are implemented through NGOs in areas within the three clusters; a limited number of ongoing activities in FY1997 targeted states outside of the focus areas. Some activities, particularly those intended to raise awareness of family planning, HIV/AIDS, human rights, and other democratic initiatives, are intended to produce results on a national level. The focus areas are divided into three clusters including fourteen states:

Cluster I: Southeast	Abia, Anambra, Cross River, Ebonyi, Enugu
Cluster II: North	Jigawa, Kano, Katsina, Kebbi
Cluster III: Southwest	Ekiti, Lagos, Ondo, Osun, Oy

USAID/NIGERIA
FY 2000 RESOURCE REQUEST

March 1998

V. USAID/Nigeria Resource Request (R2B)

A. Context for the FY 2000 Submission

USAID/Nigeria's FY 2000 request is made in an environment of uncertainty for the Federation of Nigeria and USAID/Nigeria. U.S. policy toward Nigeria is currently under review in Washington at the level of the Secretary of State and the National Security Council (NSC). Nigeria is in a political transition as the military government prepares for elections in August 1998. The current military head of state appears determined to succeed himself as the civilian president in the next republic, a move which is causing great political controversy and uncertainty. Although USAID/Nigeria is classified as "transition" country in the USAID system, its status remains uncertain because of the restrictions under which it functions, an outdated Country Strategic Plan (CSP), severe understaffing and a politically determined OYB level. These uncertainties make the preparation of the FY 2000 resource request problematic, as it is difficult to determine the level of funding and predict the political environment under which USAID/Nigeria will function in Nigeria.

Nevertheless, this resource request is structured to comply with the USAID/W budget directives of a straight-lined \$7 million program for FY 1998 through FY 2000. The request has been developed in close consultation with the U.S. Embassy/Nigeria to ensure program responsiveness to the Mission Program Plan (MPP). As a result of these consultations, USAID/Nigeria and the U.S. Embassy agree that it is important to consider alternative scenarios in the event of a policy revision requiring USAID to adjust its current program to the evolving political situation. Several political scenarios which could conceivably influence the USAID/Nigeria program were discussed but **only one of several USAID funding possibilities in response to these scenarios is presented as an illustrative option.** It was felt that any attempt to discuss United States Government (USG) policy options and their potential outcomes on the USAID program would be presumptuous. Therefore, the basic assumption in examining the one alternative in this document is that the USG which is currently reviewing its policy towards Nigeria, will make an appropriate policy decision under whichever political circumstance prevails. It is further assumed that this decision will lead to an increase, albeit modest, in the USAID/Nigeria program budget and interventions in Nigeria.

Scenario A

Scenario A in the request refers to an "administratively-determined" straight-line budget of \$7 million for each of the three program years and is the primary focus of this Resource Request (R2B). With this level of funding over three years, USAID/Nigeria's proposed interventions in order of priority are:

- 1) Democracy and good governance (DG), and
- 2) A highly-integrated health program with components that are difficult to separate.

USAID/Nigeria strongly prefers that any budget alterations in its program be taken proportionately from all program components including democratization but nevertheless ranks HIV/AIDS/STD prevention and mitigation first; child survival second and family

planning third in priority in the integrated health sector in response to R4 guidance from USAID/W. Under this funding scenario the program will essentially remain a humanitarian effort implemented by NGOs and focusing on community level interventions. It may prove difficult for USAID to significantly influence national development issues and trends in Nigeria and leverage other donors under this scenario because of the limited scope and impact of its program.

It is important in reviewing scenario A to bear in mind that the official USAID budget scenario of a straight lined program at \$7 million annually for FY 1998 - FY 2000 represents, in fact, a reduction in funding for the program for reasons unrelated to the Nigerian political crisis. USAID/Nigeria has relied heavily on REDSO/WCA for program, technical and administrative support services which until now have been attributed to REDSO/WCA's budget. If USAID/Nigeria must now absorb these overhead costs without corresponding Operating Expense (OE) and program budget increases to its current budgets (with limits respectively at \$0.565 million and \$7 million annually over the next three years), staff and program interventions will have to be reduced to accommodate the increased costs. USAID/Nigeria has estimated these additional costs at \$100,000 per year for OE funded support services provided mostly by REDSO/WCA up to now, but has been verbally informed by USAID/W that twinned support Missions in Senegal, Mali, Ghana and Benin will receive additional funding to provide necessary Nigeria-related support services. An estimated \$80,000 will be required for program related technical assistance, much of which was previously provided by REDSO/WCA but will now need to be provided by USAID/W in light of the very limited technical staffing of USAID/Nigeria and neighboring missions. When ICASS costs of \$201,000 per year and inflation are factored into the budget, the straight lined budget represents seriously diminishing funding for the Nigeria program.

A new Country Strategic Plan (CSP) or interim strategic plan will eventually be needed to confirm USAID objectives and put an end to the current ad hoc programming and funding pattern. While an increase in the health portion of the portfolio, which is non controversial and appreciated by Nigerian beneficiaries, may be acceptable, some difficult decisions with regard to focus and funding levels will have to be made in the DG activity regardless of the prevailing political environment. USAID recommends that the CSP be targeted for a revision in the second quarter of FY 1999 in conjunction with, or after, an overall USG policy review for Nigeria.

Scenario B

Scenario B is a positive alternative which examines, in abbreviated form, a cautious program expansion based on an appropriate USG policy determination and an illustrative budget of \$20 million. This option is presented in the final part of most sections of this document. Under this scenario, USAID would still operate predominantly in the private sector and focus in order of priority on:

- 1) Democracy and good governance;
- 2) Health, including HIV/AIDS/STDs prevention and mitigation, child survival and family planning; and
- 3) basic education.

The program would maintain its humanitarian component, but, depending on the authorized funding level, would start to intervene more significantly in three of Nigeria's most serious development constraints, democracy/governance, integrated health, and education. The illustrative budget of \$20 million would be apportioned as follows: \$8 million for integrated health, \$6 million for DG and \$6 million for education. The basic education intervention would be new to the portfolio but responsive to the nearly collapsed educational system in the country and President Clinton's recently announced education initiative. The size and configuration of the program would be made after a thorough review of analytical findings, an assessment of the ongoing program, and discussions with the U.S. Embassy on the Mission Program Plan (MPP) and U. S. policy guidelines governing operations in Nigeria.

Under Scenario B, most efforts in FY 1999 will focus on negotiating the terms of engagement at the technical level and USAID/Nigeria foresees a significant budget increase in Project Development and Support Funds (\$900,000) to perform assessments that will be needed to strengthen the information base for current and new initiatives.

The current lack of reliable data to accurately define the magnitude of problems in sectors of strategic interest require that USAID undertake nationwide/regional sectoral assessments, baseline studies and analyses to revise its CSP. In conjunction with the CSP exercise, USAID would review the field support and bilateral composition of its budget to determine the most appropriate balance in implementing its portfolio.

Scenario B and the illustrative budget also assume a review and possible expansion of focus areas beyond 14 states for some activities, an increase of the current United States Direct Hire (USDH) staff to at least 5 to include the USAID Affairs Officer, a Program Officer, Controller, General Development Officer and Executive Officer. It is expected that the professional Foreign Service National (FSN) staff would increase from the current five to at least seven. An appropriate increase in FSN support staff would also be in order.

The ranking of SOs places the DG SO at the top in options A and B, underscoring the fact that political conditions in Nigeria will remain volatile for the foreseeable future and programs are needed to promote the institutionalization of democratic processes in the system. Integrated health remains ranked second in importance with the prevention of the AIDS as the most important component as the AIDS epidemic continues to take its toll on the Nigerian

population with its costly repercussions still hidden in the future. Basic education is ranked third and is considered important because quality basic education will remain an essential ingredient in the development of Nigeria's potential.

Projected Pipeline

FY 1997

The pipeline at the end of FY 1997 was \$7.191 million. However, this pipeline figure is totally misleading because the entire USAID FY 97 portfolio of \$7 million was obligated in late August and September due to delays in budget allowances as a result of decertification. The pipeline figure as of January 30, 1998, was \$3,570,000 and has dropped further since then. Obligations in FY 1998 will not be possible until the decertification U.S. national interest memo is approved by the Administrator and Congress is notified, a process which has been much delayed in previous years. In addition, the \$7.0 million OYB request for FY 98 was "administratively determined" for the Nigerian program and does not reflect the true program need to continue work on existing strategic and special objectives.

FY 1998

The projected pipeline at the end of FY 1998 will be \$1,371. This pipeline indicates a crisis in future funding for USAID/Nigeria as some implementing partners (IPs) will run out of funds, if additional resources over and above the \$7.0 million are not received before the end of FY 1998. The \$7.0 million is simply not enough to fund the minimum work plan of all implementing partners and will particularly restrict future activities in immunization and control of childhood diseases. In 1994, USAID/Nigeria entered into a PASA agreement with CDC for the implementation of maternal and child health activities. Limiting the OYB to \$7.0 million for the next three years will mean USAID/Nigeria will not be able to honor the CDC PASA agreement and the child survival program, of which the CDC PASA agreement is an integral part, will not be able to achieve the expected results in maternal health and in controlling childhood diseases. CDC is projected to run out of funds by October 1998. The HIV/AIDS special objective could also be in jeopardy as the expected pipeline at the end of FY 1998 is \$20,000. In order to ensure funding for these activities, USAID/Nigeria has put in a supplementary request for \$600,000 from the polio eradication account to make up the gap.

As administratively mandated, \$7.0 million is requested for FY 1999 but the \$7.0 million will be inadequate particularly for the continuance of the child survival program and a more realistic request would be at least \$7.6 million to maintain the ongoing program in its present form.

FY 1999

The projected pipeline at the end of FY 1999 will be \$455,000 and \$7.0 million has also been administratively determined for FY 2000. If the USAID/Nigeria program is restricted to a \$7.0 million OYB, programs will definitely be disrupted and gains in the integrated health

programs would reversed. In reviewing this request it is necessary to point out that the official USAID budget scenario of a straight lined program at \$7.0 million annually for FY 1998 - FY 2000 represents, indeed a reduction of the program budget. REDSO/WCA has provided program, technical and administrative support services which have never been attributed to USAID/Nigeria's budget. Although USAID/Nigeria has been verbally assured by USAID/W that the additional costs in securing these services elsewhere will be provided by other AFR/WA missions in Senegal, Mali, Ghana and Benin, this scattering of support services and funding and the resultant disorganization is likely to require USAID/Nigeria to search for additional essential support services at its own expense. Without corresponding budget increases, the program will suffer as staff and program interventions will have to be reduced to accommodate the increased costs now attributed to USAID/Nigeria's fixed budget.

B. Program Funding Request by Strategic Objective

Because funding for the Nigeria program is currently politically determined annually, in completing the country program tables some assumptions have been made for each of the strategic and special objectives. These are:

*** SO1: Increased Voluntary Use Of Family Planning:**

The life of project (LOP) funding for SO1 is \$65.0 million and limited to the authorized funding level for the Nigeria Family Health Services Project (936-6006). The PACD is September 30, 2000. If the USAID/Nigeria program is limited to \$7.0 million annually for the three years, the FY 1998 request is \$1.5 million, FY 1999 request is \$1.5 million and the FY 2000 request is \$1.5 million. In case of a policy change in Nigeria with a corresponding increase in OYB and the implementation of Scenario B, additional resources will be required for a new results package in family planning. The illustrative budget request is \$2.0 million for FY 1999 and \$2.0 million in FY 2000.

*** SO2: Improved Maternal and Child Health Practices:**

The LOP funding for SO2 is limited to the authorized level of \$40.0 million of the NCCCD Project (936-6006). The PACD is September 30, 2000. The FY 1998 limit is \$1.5 million. FY 1999 request is \$1.5 million and the FY 2000 request is \$1.5 million. In case of a policy breakthrough allowing for an increased level of engagement in Nigeria, \$3.0 million is requested in FY 1999 and \$3.0 million in FY 2000.

*** SpO 1: HIV/AIDS/STD Control Special Objective 1**

The cumulative funding for SpO1 is \$7.52 million as of the end of FY 1998. There is no LOP or PACD. Because of the critical need in the sector and the worsening growth rate of the HIV/AIDS epidemic, and because condoms for the control of HIV/AIDS distributed in

Nigeria are provided under this program, additional resources are requested for FY 1999 and FY 2000. At the mandated \$7.0 million OYB level, the FY 1998 request is \$2.0 million, FY 1999 request is \$2.0 million and the FY 2000 request is \$2.0 million. Should there be a policy breakthrough in favor of expanded USAID engagement in Nigeria, \$3.0 is requested for FY 1999 and \$3.0 million in FY 2000 to expand youth interventions, as well as strengthen the care component of the program.

*** SpO2: Democracy and Governance Special Objective 2**

LOP funding for SpO2 is politically determined annually. There is no LOP or PACD. The total obligated to date is \$6.6 million. The FY 1998 request is \$2.0 million and \$2.0 million each is requested for FY 1999 and FY 2000 because of the slim staff strength presently managing the program, and the sensitivity of the military government during the transition period. In case there is a policy breakthrough, and a corresponding increase in funding, \$6.0 million is requested for FY 1999 and FY 2000 to expand the DG program. PD&S funds are requested in the sum of \$900,000.

SO1: Increased voluntary use of family Planning Strategic Objective 1

With a population of over 100 million growing at 3 percent annually, Nigeria is predicted to become the fifth most populous nation in the world by the year 2025 with a projected population of 231.6 million.

A major determinant in achieving broad-based economic growth and political stability in Nigeria will be the extent to which decline in fertility is accelerated and population growth rate is reduced. High fertility with a resultant high economic dependency ratio, increased maternal and child morbidity and increased child mortality impose constraints on economic growth at the household, community and national levels by forcing demands on public services, while imposing serious health risks on mothers and children.

In response to these constraints, USAID/Nigeria redesigned its reproductive health program to increase voluntary use of family planning to include demand creation, provision of information and services with specific geographic focus, and concentration of its scarce resources within 14 focus states. Family planning is promoted as part of an integrated health package by its implementation partners, PSI and its Nigerian affiliate SFH, CEDPA, JHU, BASICS and CDC in collaboration with 25 local Nigerian family planning NGOs.

With only \$1.0 million funding provided for family planning activities in FY 1997 and the continued dearth of contraceptive supply since 1995, USAID/Nigeria was able to provide minimal family planning information and services with available contraceptives. As current contraceptive support dries up, the program will experience shortages in pills, injectables, and IUDs.

Scenario A

If the USAID/Nigeria OYB is restricted to \$7.0 million annually for FY 1998 through FY

2000 and family planning receives funding of \$1.5 million for each fiscal year, USAID/Nigeria will, in FY 1998, focus its activities on:

- 1) demand creation;
- 2) expansion of access to information and long-term contraceptive services within the 14 focus states;
- 3) strengthening of local partners in service delivery, management, supervision, and logistics; and
- 4) encouragement of activities that would enhance sustainability of its partner NGOs.

It should be possible to raise CPR levels to about 15 percent in USAID targeted areas but this would not have a major demographic impact on a country the size of Nigeria.

In FY 1999 through FY 2000, USAID/Nigeria will continue its modest family planning program to make services available in its current 14 focus states while encouraging other donors to do the same. It is anticipated that with the activities of USAID/Nigeria and other donors in family planning, the contraceptive prevalence rate (CPR) among women 15-49 years would increase each year by 1.5 percent from its presumed low level of about 7 percent nationally (based on the best available national data). USAID/Nigeria activities alone will yield a Couple Years of Protection (CYP) increase of 15 percent each year from FY 1997 level. Additional achievements expected during fiscal years 1999 and 2000 include:

- 1) increased number of trained providers who are nurse-midwives (100) and physicians (20);
- 2) increased number of private/NGO sector outlets providing family planning services; and
- 3) increased access to and availability of information.

The greatest impact will result if USAID/Nigeria is successful at leveraging additional donor funding for family planning. USAID/Nigeria worked with one of its Cooperating Agencies (CA), Access to Voluntary and Safe Contraception (AVSC), at securing a \$500,000.00 grant from UNFPA to provide family planning and reproductive health services in the public sector and Pathfinder International has been able to leverage funds from MacArthur Foundation to provide reproductive health services. However, two key donors with major available resources, the World Bank and EU have not been able or willing to provide funding to NGOs or donation of contraceptive commodities to the social marketing program. USAID/Nigeria will continue its efforts at leveraging additional donor funding for family planning in Nigeria, but additional USAID resources would assist in this effort and help allay the perception of other donors that USAID is abandoning this sector where it has traditionally played a leadership role.

Scenario B

In the event of an increase in OYB for USAID/Nigeria, family planning will be funded at \$2.0 million for FY 1999, and \$2.0 million for FY 2000. A new family health results package would be developed for implementation in FY 1999.

Bearing in mind that \$2.0 million funding would still only have a limited impact on family planning needs in Nigeria, USAID/Nigeria anticipates its scope of activities and achievements

will remain in the current 14 focus states to support a program to increase demand, accessibility to and availability of information and services, particularly for long-term methods. The introduction and support of long-term methods would provide a much-needed additional option to the ongoing social marketing and CBD programs and contribute to increasing CYP levels.

USAID/Nigeria's first potential engagement with the public sector would be to collaborate with the GON on a demographic and health survey to collect data on health indices and a disease monitoring system. The DHS survey would include proportion of women knowledgeable of at least one family planning method, use of modern family planning by method, source of family planning services, and contraceptive prevalence rate as well as selected child survival and HIV/AIDS indicators. In addition, some targeted training activities involving public sector personnel in USAID/Nigeria focus states would also be considered as a possibility.

USAID/Nigeria would also enhance its service delivery activities through training of professional providers, increase the demand for the use of professional family planning providers by promoting them through various information, education and communication (IEC) strategies, continue to strengthen local partners in management, supervision and logistics and conduct studies to determine new areas of program engagement.

SO2: Improved Maternal and Child Health Practices Strategic Objective 2

USAID/Nigeria supports delivery of child survival and maternal health services as a component of an integrated health package. Under this SO, interventions are targeted towards reducing infant, child and maternal mortality which are unacceptably high. These rates are respectively: Infant Mortality Rate (IMR) at 114 per 1000, Under-5 Mortality Rate (U5MR) at 191 per 1000, and Maternal Mortality Rate (MMR) at 1000 per 100,000. Reductions in these rates will be achieved through immunizations; appropriate home-based management of the sick child, use of oral rehydration therapy for diarrhea treatment, acute respiratory infections (ARI); malaria control; and promoting childhood nutrition and maternal health. USAID/Nigeria's strategy to achieve results is by strengthening service delivery capacity of private, religious and for profit health services networks. Support provided to these networks and their facilities have been in the areas of training, management, equipment, supplies and human resource development.

Implementing partners are: the Centers for Disease Control (CDC), BASICS and JHU. CDC is collaborating with nine religious-network NGOs across the three cluster areas, with a combined total of 85 health facilities and 100 community outreach posts. BASICS is collaborating with twelve Community Partners for Health (CPH), with a total complement of 26 health facilities. These CPHs have become a community mobilization model and pivotal in service delivery. They have raised a sense of hope in self-determination and in other social development interventions including women's empowerment.

FY 1997 witnessed significant progress in USAID/Nigeria's efforts with the Polio Eradication Initiative (PEI). CDC, BASICS and JHU participated in the technical and social mobilization

committees of the Inter-Agency Coordination Committee (ICC). USAID/Nigeria actively participated in the coordination of National immunization Days (NID)s through the ICC. To effectively support efforts towards Polio eradication through the NIDs, an NGO strategy was developed. Through this initiative 72 percent and 95 percent coverage were achieved for the first and second round respectively.

Other than the NIDS, USAID/Nigeria support is limited to 14 focus states with catchment areas determined by the reach of the NGO's. The NGOs are also dependent on the GON or other sources for key commodities such as vaccines, ORS packets and essential drugs.

Scenario A

At the mandated OYB funding level of \$7.0 million, the limited resources budgeted for maternal and child survival activities will be able to sustain the results and successes achieved to date in the USAID focus areas but there would be no program expansion possible and immunization rates would not improve to the desired levels. The assistance would be targeted towards total polio eradication, prevention and control of seasonal epidemics of Cerebro-Spinal Meningitis (CSM), yellow fever and cholera and improved immunization coverage for measles, diphtheria, pertussis, tetanus and tuberculosis. The other impact indicators including proper management of the sick child would receive comparatively less attention than immunization under this funding scenario.

Under this continued budget scenario, in FY 1998, FY 1999 and FY 2000, there would be a shortfall in funding of our IPs, particularly CDC and BASICS. There just will not be resources available to continue all the child survival activities that were undertaken in previous years. Although, there is a budget surplus from the last fellow who departed early, additional resources would still be required to support this necessary staff position.

If an additional \$600,000 can be secured from AFR/SD under the polio and infectious diseases account, USAID would be able to continue to support NGOs with training, social mobilization, cold chain equipment, syringes and other logistics for NIDs and continue the strong momentum begun this year throughout Africa toward the reduction and eventual elimination of polio. Without the additional resources, community partnerships and outreach services to improve the quality and access to health services could be continued, but either CDC or BASICS will have to terminate their activities and depart Nigeria at the end of FY 1998 in order to save overhead costs. This development would be very unfortunate since these two organizations bring unique and complementing capacities and skills to the program.

Scenario B

If there were to be a modest increase in funding annually in FY 1999 and FY 2000, the maternal and child survival component of the portfolio will expand the focus of the program within the 14 states. Emphasis will continue on sustaining and improving successes achieved through immunizations to 100 percent by FY 2000 for DPT3, and 90 percent for other antigens. USAID will also continue support in the areas of improved home management of

malaria, diarrhea and Acute Respiratory Infections (ARI) through community outreach services.

The global strategy for polio eradication, especially Acute Flaccid Paralysis (AFP) surveillance will be strengthened. One cluster-based reference laboratory will be supported to serve as a reference center in the surveillance network of NGO and GON laboratories. This will enhance the national surveillance system and facilitate Nigeria's chances of being certified as polio-free country.

Although USAID's primary focus will be the private sector, some level of engagement with GON in the area of IMCI, epidemiology, operations research and Management Information System (MIS) may be desired. Efforts in the area of malaria control such as community-based mosquito-net studies hitherto suspended due to financial constraints; and interventions in maternal care in the areas of safe delivery, postnatal care, emergency obstetrics, promotion of exclusive breast feeding, positive weaning practices, maternal nutrition and other nutritional interventions will be revisited.

Additional resources would provide an immediate increased impact in immunization levels and geographic coverage. In a country as vast as Nigeria with almost 66 percent of the remaining cases of polio in Africa, additional resources could have a global as well as country level impact.

SpO1: Improved HIV/AIDS/STD Prevention and Impact Mitigation Practices
Special Objective 1

The United Nation Programme on HIV/AIDS (UNAIDS) ranks Nigeria as the second worst affected country in the world, based on the number HIV infections. Nigeria is fast becoming the epicenter in West Africa for the AIDS pandemic. This situation elicits a humanitarian response in line with the Agency's goal to protect human health. It is in the U. S. national interest to (a) reduce the spread of infectious diseases and (b) ensure that local and regional instabilities do not threaten the security and well being of the United States or its allies.

SpO1 has four main state of the art intervention strategies:

- 1) behavior change communication using combined Information Education and Communication (IEC) strategies;
- 2) Early diagnosis and prompt treatment of Sexually Transmitted Diseases (STDs);
- 3) Promoting the use of condoms through social marketing; and
- 4) Mitigating the impact of AIDS through psychosocial support and care to People Living With HIV/AIDS (PLWHAs) and People Affected By AIDS (PABAs).

Target populations include commercial sex workers, long distance drivers, dockworkers, students of tertiary institutions, PLWHAs and PABAs.

The USAID program supports NGO efforts at the community level in 8 states of the Federation. IEC services have been provided to over 900,000 commercial sex workers, long distance drivers, dockworkers, students in tertiary institutions, market women and girls. Across AIDSCAP sub-projects, HIV/AIDS awareness rose from 47 percent in 1993 to over 70 percent in 1997 while consistent use of condoms with non-regular partners, among some targeted high risk groups increased by 26 percent - 62 percent with commercial sex workers recording the highest increase.

Although the general perception among researchers and service providers in Nigeria is that HIV prevalence is somewhere between 6-7 percent, a January 1998 GON estimate put it at 4.5 percent. The current estimate is that between two to four million people are infected with HIV in Nigeria. The number of reported cases of fully-blown AIDS has increased dramatically in recent times. Whereas a cumulative of 10,803 cases were reported between 1986 and November 1997, as many as 7,531 cases were reported in December, 1997 alone. Over 50 percent of HIV infection in Nigeria is attributable to adolescents and young adults. Although, HIV/AIDS awareness is estimated to be as high as 70 percent, safer sex behaviors like condom use remain low. This is especially true in vulnerable groups. Sensitization and education of members of the public need to be intensified. There is a dearth of reliable epidemiological data to assist program planning and evaluation. All stakeholders including government need epidemiological information to plan programs that are responsive to local situations. The disease surveillance systems that track notifiable diseases and generate the much needed data are very weak and the program would benefit substantially from a DHS survey or its equivalent.

Effective programming in psychosocial care and support to PLWHAs and PABAs will require that we strengthen the capacities of local NGOs to offer counseling services as well as to transfer vocational, networking and advocacy skills as appropriate to PLWHAs and PABAs. Unfortunately the modest capacity building efforts that have taken place in the development of care and support programs in Nigeria, were carried out only in public health facilities. More work needs to be done in the private sector.

The success of HIV/AIDS prevention program depends partly on the availability of condoms. At the current funding level, the demand for condoms generated through USAID/Nigeria's social marketing and NGO/community programs will exceed condom supply. Until recently, USAID/Nigeria financed up to 85 percent of all condoms in Nigeria. Modest importation by other donors, notably the UNFPA, the World bank and DFID, will meet perhaps 15 percent of

the USAID level.

Scenario A

In FY 1998, and at the \$7.0 million OYB funding level, \$2.0 million is budgeted annually for FY 1998, FY 1999 and FY 2000. USAID/Nigeria will intensify operations in the 8 states where it operates. If the funding level remains the same in subsequent years, program activities for FY 1999 and FY 2000, will not differ substantially from those of FY 1998. The program focus will remain unchanged and the gains of FY 1998 will be consolidated and secured through institutional strengthening of collaborating NGOs.

USAID/Nigeria's program targets are to improve prevention practices by 10 percent in the high risk population, increase awareness of HIV/AIDS/STD and prevention of HIV/STD by 10 percent, to increase availability of condoms to a level consistent with the overall USAID program (about 50,000,000 per annum), and to increase the proportion of AIDS patients managed at home without stigmatization and discrimination by 20 percent.

Scenario B

In the event that there is an increased funding, USAID/Nigeria while maintaining its traditional target populations will intensify its operations in the current 8 states and expand into others within the 14 USAID targeted states. The youth program which now focuses on tertiary institutions will be expanded to include high school students and out-of-school youth. USAID will adopt the Ugandan model which demonstrated that significant reduction in HIV prevalence can be achieved through sustained nationwide youth programs.

The anticipated expansion of USAID HIV/AIDS program will require more condoms to satisfy the demands that will be created by community programs. USAID/Nigeria's estimate is that for a program of this size, at least 80,000,000 condoms will be required annually to satisfy demands.

USAID/Nigeria will collaborate with all stakeholders to strengthen HIV/AIDS/STDs surveillance systems. Potential assistance packages will range from test reagents and consumables to staff training, provision of computer hardware and project vehicles. In order to be able to determine the impact of the modest behavior changes observed across AIDSCAP sub-projects, there is a need for cross-cutting baseline/epidemiological trend studies. A DHS survey will be recommended for this purpose.

USAID/Nigeria's program targets under this scenario are to improve prevention practices by 20 percent in the high risk population, increase awareness of HIV/AIDS/STD and prevention of HIV/STD by 20 percent, to increase the availability of condoms to a maintained consistent level which responds to created demand, and to increase the proportion of AIDS patients managed at home without stigmatization and discrimination by 40 percent.

SpO2: Democracy and Governance (DG) Special Objective 2

USAID/Nigeria's DG program goal is to strengthen civil society's contribution to sustainable democracy and good governance. Nigeria has been under military rule for nearly three decades resulting in a fissured, largely subdued civil society. It is under this condition that military rule continues to prevail, with the potential danger of civil strife which could destabilize the entire West African subregion. The usurpation of power by the military led to a three year bloody civil war in the 1960s and caused a wave of humanitarian disaster. Continued military rule has ruined Nigeria's potentially strong economy, while in recent years its military rulers have demonstrated the capacity to destabilize democratic transitions in the subregion.

USAID/Nigeria DG activities centered mainly on women and youths in the first year because of the hostile environment and resource constraint. Activities were chosen to exploit opportunities created by the military's restrictive political transition program. DG funds for FY 1997 stood at \$2 million, and were administered through CEDPA and JHU/PCS who made a total of 31 sub-grants local NGOs for direct DG work in the field.

Awareness on women's political empowerment, democratic participation and respect for fundamental human rights was created and coalitions and networks aimed at bonding different groups to create the critical base in civil society for democratic change were built in different parts of the country. USAID/Nigeria's media intervention strategy promoted extensive awareness on DG issues through the print and electronic media, reaching an estimated 30 million people.

However, in terms of size and geographic spread, these activities constitute only a limited intervention, and were carried out in only 14 of Nigeria's 36 states. Significant and critical portions of civil society such as trade unions and pro-democracy groups were left out. As the military's transition enters its final phase, USAID/Nigeria plans to modestly expand the program to work with more groups in civil society to broaden the focus from the relatively narrow confines of women and youth. If the current repressive political environment remains in effect after October 1, 1998, a more strategically focused and vigorous DG program will be the approach to the USAID/Nigeria DG program. Regardless of the type of government that comes into power on October 1, 1998, a larger array of DG interventions which are currently not implemented because of security considerations will be reviewed and when appropriate implemented, while democratic institutions will be encouraged and nurtured.

Scenario A

Working under the assumption that the political and human rights situation in Nigeria may not improve soon and the current frosty relations between GON and the USG may prevail in the foreseeable future, USAID/N intends to engage in the following incremental expansion into other sectors of civil society in FY 1998, FY 1999 and FY 2000 under the current annual funding level of \$2 million:

In 1998 USAID/Nigeria plans to engage in exploratory activities with religious leaders on eventual inclusion of more religious groups into the DG program. There will be more emphasis on coalition building and networking activities on specific DG issues by CSOs at

the local, regional and national levels to bond more groups together to promote democracy. As the military concludes its transition program, USAID/Nigeria will undertake preliminary, in-house review of the DG program at the end of FY 1998 to explore other opportunities and initiatives.

In FY 1999, USAID/Nigeria will explore the prospects of supporting additional new groups, such as community development associations, cultural unions and pro-democracy groups to improve program impact at strengthening civil society for democratic change. If the current transition terminates in October 1998, USAID/Nigeria may consider the possibility of limited work with democratic institutions that may emerge at the council and state levels in FY 1999 and FY 2000. No matter the outcome of the transition program, USAID/Nigeria will need to undertake a review of the DG program in FY 1999 to refocus the entire program. These activities will be in addition to the major focus which is to strengthen civil society as a counterpoise to the military controlled state institutions. These limited increases on the program will entail the addition of a DG Fellow to improve program management and implementation.

The anticipated results over the three year period are an increased number of coalitions and networking activities at the local and regional levels around specific DG issues; more advocacy actions for democracy and respect for human rights; extension of awareness on DG and human rights to new groups; increase in media sensitization programs; more civic education for in-school youths; support of human rights and democracy by religious groups; collaboration between CSOs and new democratic institutions at the local and state levels to promote democratization and defense of civil liberties.

Scenario B

These modest increases at current funding levels would still be too limited both in strategic DG areas and geographic spread to effect the desired coalition of forces in civil society to challenge dictatorship in Nigeria in the immediate future. But higher and broader DG activities are only possible in the event of a policy breakthrough by the USG in favor of increased USAID engagement in Nigeria. Under this scenario, USAID/Nigeria will significantly expand the DG program to cover all states in the Federation. It will mean spreading activities to additional 21 states. Under the envisaged program in FY 1999 through FY 2000, USAID/Nigeria intends to incorporate more strategic groups in civil society such as key trade unions, professional associations, national student bodies, and the media.

Activities will seek to strengthen civil society's oversight of state institutions; increase effectiveness of CSO management; increase democratic governance within CSOs; increase CSO participation in policy formulation and implementation; and expand and strengthen the media and its operation in a democratic setting. Other anticipated results are the formation of DG coalitions and networks at regional and national levels to press for democratic change and respect for human rights; extension of awareness on DG and human rights to new groups and extended media intervention to disseminate DG messages to the entire country.

In FY 1999, and under an expanded DG program, USAID/Nigeria may accommodate

technical support to the new democratic institutions that will emerge at the national level, vis: the national assembly and the judiciary. Program support will be designed to facilitate the interface among these institutions and between them and the civil society.

These major changes will require a sector assessment to establish baseline data and indicators; to justify program direction and staff increases. A substantial increase in funding of no less than \$6 million per fiscal year will be needed to effect these major changes in FY 1999 and FY 2000.

C. Prioritization of Strategic Objectives

The continuing political instability in Nigeria and the lack of effective and sustained economic policies to attract and effectively use development and humanitarian resources pose a problem to donors in Nigeria and the USAID program. The prospect of a flawed political transition makes the case for reprioritizing USAID's strategic objectives and putting more resources in good governance and democracy since this is a basic pre-requisite for the effective use of resources. Based on this assessment, and in advance of the Country Strategy Plan recommended for the second quarter of FY 1999, prioritization is as follows for the administratively mandated budget scenario of \$7 million per annum:

- 1) support for democratic reform and good governance,
- 2) Support to integrated health activities in the order ranked below.
 - a) prevention of and mitigation of HIV/AIDS/STDs,
 - b) maternal health and child survival and
 - c) population and family planning.

The current DG program will need to be adjusted to whatever political arrangement prevails after the transition. In the event of the continuation of a repressive political environment whether it be civilian or military, a more strategically focused and vigorous DG program would be appropriate while an open and democratically inclined civilian government would be assisted to strengthen Civil Society Organizations and democratic practices in the country.

Either way, a broad spectrum of DG interventions which are currently not implemented because of security considerations will eventually be needed to institute and nurture democratic practices in the country. These areas of potential programming are outlined on the DG portion of the resource request.

Based on the growing severity of HIV/AIDS/STDs in Nigeria and USAID's successful track record of interventions this activity is now ranked second in our SOs even though it is identified as a special objective. USAID remains the most consistent donor financing most HIV/AIDS prevention activities in Nigeria, albeit through NGOs. Encouraging results have been registered in slowing the spread of the virus in some high risk groups but the alarming increase of fully developed AIDS cases in a society not prepared to deal with the social, medical and economic consequences of the epidemic calls for more interventions on these dimensions of the disease.

Maternal and child health is ranked third in the current prioritization, higher than last year,

because of encouraging developments by the GON in support of child survival during the past year. In the past, USAID has provided a variety of inputs such as commodities, training and technical assistance in support of immunizations but has not financed the vaccines required for the program. The worldwide polio eradication initiative has led to renewed vaccine procurement by the GON which has generated renewed interest from donors in support of child survival and especially EPI, ORT and ARI. The renewed drive in EPI has already resulted in the participation of USAID assisted NGOs in two national immunization campaigns with more planned for the future. The prospect of the effective utilization of USAID inputs in this sector ensures that additional funds can be responsibly programmed with an assurance of program impact unlike in previous years when vaccines were not available. USAID and other donors, notably UNICEF and WHO, will need to continue to work with the GON to better institutionalize its current efforts because Nigeria continues to have one of the lowest immunization coverage rates. Current GON extra-budgetary efforts to support EPI cannot be guaranteed to continue under a new government.

Last year's results review indicated that by far the most impressive gains made by USAID's interventions were in family planning. Contraceptive use among women of reproductive age had risen from 3.8 percent in 1990 to approximately 11.3 percent (NISH) in 1995. Unfortunately some of these gains are being reversed with the drastic reduction of USAID funding which sustained most of the achievements in this area. The worldwide reduction of USAID funding in population is not likely to lead to increased funding of program activities. USAID/Nigeria ranks this activity fourth in its portfolio and will focus its limited resources in leveraging funding from other donors and providing incentives for the private sector to participate in family planning activities.

Under the Scenario B programming, the basic education initiative is proposed and is ranked third, with the first being the DG intervention and the second, the integrated health package focusing on HIV, child survival and family planning. In this scenario, USAID/Nigeria believes the need for an enhancing political environment and the current need for humanitarian assistance are important even as efforts are made to improve basic education which is a long term investment. Basic education would strengthen the human resource base and foster the participation of women in the political, economic and educational life of Nigeria.

D. Linkage of Field Support to Development Programs

USAID/Nigeria's field support and bilateral budget profile reflects adjustments to severe personnel downsizing in 1996 to one USDH and one USPSC. USAID/Nigeria relies heavily on centrally financed contracts and REDSO/WCA, which will no longer exist at the end of this year, to implement its program. Approximately 92 percent or 6.5 million of the Mission's \$7 million budget is allocated to field support for five CAs who are responsible for the technical implementation of the Mission's SOs. These five CAs are essential for the effective implementation of USAID/Nigeria NGO program and additional technical assistance from the Global Bureau G/DG and G/PHN offices is considered essential for continued effective program implementation.

The program is exclusively NGO implemented and lacks the benefits of a bilateral agreement with the GON. USAID/Nigeria does not, as a result, have any flexibility to restructure the field support and bilateral components of its budget.

E. Operating Expense and Workforce Requirements

FY 1998

The USAID/Nigeria staffing pattern reflects the personnel configuration mandated in the down-sizing of USAID/Nigeria in 1995 and an E-Mail from AFR/AIMS (01/27/98). The FY 1998 staff levels allow for only one USDH, one USPSC and fifteen FSN staff. As a result of USAID/Nigeria's staffing limitations, all project implementation logistics functions have been transferred to the five CAs.

The one USDH serves as the USAID Affairs Officer to Nigeria. In addition to matters of policy and representation, the USAID Affairs Officer takes the lead in the review of all project development activities. The USPSC serves the primary function of the Executive Officer (50-60%), with support in Program Management functions (50-40 percent).

USAID/Nigeria's approved FY 1998 OE level of \$565,000 (not including ICASS costs) is proving insufficient to manage the mandated transitions of the \$7.0 million program. USAID/Nigeria has an approved budget of \$565,000 as against \$684,000 requested previously (both figures are exclusive of ICASS). Areas of cost savings during the year were mainly in educational allowance, post assignment and other direct hire associated costs. USAID/Nigeria also drastically cut costs in the area of site visits and telephone costs. The most significant area of OE fund application is the payment of salaries and benefits for the newly hired EXO/Administrative USPSC. Other major areas of OE fund application are the necessary purchase of computers to replace old ones, transfers to the FSN PSC separation trust fund to augment prior year shortages, maintenance of electricity generating sets, USAID/W personnel visits; and security guard service costs as a result of a revised Embassy contract which resulted in an approximate 206 percent increase. As a result of the REDSO/WCA closure, USAID/Nigeria has been "twinned" with several larger West African USAID offices for program support (e.g., Controller/Ghana, Legal Advisor/Senegal, Contracts Officer/Ghana, Program Development Officer/Benin). Additional OE funds of \$100,000 will be needed to support TDYs for various support and technical services from private contractors for technical support (IQCs, etc) from Global Bureau and AFR/WA in Washington, in addition to technical support assistance which USAID/W has verbally assured would be provided by four AFR/WA USAID Missions. The requested budget for the current year (ICASS exclusive) is \$665,000. ICASS for FY 1998 based on the current bill stands at \$201,000 for OE operations and is NOT included in the requested budget amount.

FY 1999

If there are no changes in the program constraints placed on USAID/Nigeria, the staffing pattern will remain as presented above for FY 1998: one USDH, one USPSC and fifteen FSN staff.

If there is a change in US government engagement policy for Nigeria and USAID/Nigeria

proceeds with its Scenario B or a similar program expansion, additional staff will be absolutely essential. The introduction of basic education to the portfolio and/or increased program activity in the DG and health sectors, would require additional staff to responsibly manage the program. Three key USDH positions to be added are a Program Officer, a General Development Officer (GDO) and a Controller. The presence of a USDH Program Officer would assist USAID/Nigeria in meeting USAID/W's planning and reporting requirements, as well as free the USAID Affairs Officer to pursue more policy and representational functions. The GDO would take the lead in the development of USAID/Nigeria's basic education program, and provide guidance to the expanding DG program activities and oversight to the integrated health program. The presence of a USDH Controller would be essential to manage the expanding financial obligations engendered by the inclusion of a basic education program and the expansion of DG and integrated health activities. The addition of a program-funded DG Fellow would allow for strong management oversight of new, more aggressive, DG activities and a child survival fellow is currently being sought to oversee the ongoing integrated health activities.

Five additional FSN staff would also be needed. An OE funded Voucher Examiner would assist in the Controller's Office. One additional OE funded Driver would be added to meet the needs of an expanded program and the additional USDH presence. One OE funded janitorial staff member would come on board and two project-funded FSN members would be added. One of these project-funded FSN would serve as the Project Manager for the basic education initiative, while the other project-funded FSN member would function as an Assistant Project Manager for the integrated health programs.

At the workforce level for Scenario A, USAID/Nigeria's operating costs for FY 1999 are estimated at \$1,088,700, with ICASS constituting about 18.37% of the total. Cost increases above the FY 1998 revised and/or requested budget of \$221,600 are attributable mainly to: residential rent payable for the only USPSC at post, purchase of photocopying machine to replace the existing one; increased site visits based on the need to closely monitor project activities in a huge country; educational allowances due to dependent schooling away from post; the anticipated arrival of the USAID Affairs Officer's replacement with dependents; home leave and consequential departure of the current USAID Affairs Officer which is often associated with high transportation and other related costs; increase in FSN PSC salaries and benefits due to foreseeable salary increase of 20%; increased OE funded personnel and an increase in the ICASS bill necessitated by expected high volume of transactions and revised rates.

At the workforce level for Scenario B, the OE budget is estimated at \$2,013,600 (with ICASS amounting to \$500,000 within the OE budget total and an additional \$115,000 in the Program Budget total). Increases over the FY 1999 proposed level will be attributed mainly to the increased number of direct hires from one in FY 1998 to four in FY 1999 with resultant substantial increases in the following cost centers: Educational allowances and educational travel for dependents, post assignment travel and freight, procurement of residential and office furniture and equipment for their respective use, purchase of ADP hardware, increased office rent due to increase in square footage occupied, alteration/renovation of office building, rent for more residences and the need for increased residential guard services. Also, the increased

number of USDHs would obviously lead to a corresponding increase in the ICASS bill, conference/meetings/retreat travels, in-country site visits and other travels. Another significant area of expenditure in FY 1999 will be in the funding of FSNs salaries due to increase from ten in FY 1998 to thirteen in FY 1999. It is also anticipated that training opportunities will be broadened, thereby, resulting in an increased cost.

FY 2000

If there are no changes in the program constraints placed on USAID/Nigeria, the staffing pattern will remain as presented above for FY 1998: one USDH, one USPSC and fifteen FSN staff.

For the expanded program scenario, USAID/Nigeria would maintain the USDH staff present in the Scenario B of FY 2000, and add a DH Executive Officer. The USPSC position and the Child Survival Fellow position would be eliminated. One project funded FSN would be added as the Assistant Program Manager for basic education. One OE FSN would also be added to the Controller's Office staff.

USAID/Nigeria proposes a total OE budget of \$988,800 for Scenario A and \$1,944,200 for Scenario B at the targeted workforce and requested workforce levels respectively. The corresponding OE ICASS estimated costs for the two scenarios are \$200,000 and \$500,000 respectively. Program ICASS complementary costs are projected at \$22,000 and \$127,000 respectively for Scenarios A and B.

FY 1999/2000 Target Budget Increases and Decrease (Scenario A) O/C Narrative

- 11.1 There are no FSN DHs on board.
- 11.3 No FSN DHs on board.
- 11.8 USPSC salaries and benefits decreased substantially in FY 2000 because the contract will only be funded for three months after which it will terminate. FSN PSCs salaries are expected to increase by 20 percent in FY 2000.
- 12.1 Educational allowance decreased in FY 2000 since there will be only two dependents at post and one away from post. Unlike FY 1999 which witnessed the arrival of new USAID Affairs Officer, there will be no arrival of any DH in FY 2000 and hence no HSTA. Increases in USPSC and FSN PSC benefits are basically inflationary.
- 13 All FSN DHs and severed FSN PSCs have been fully paid.
- 21 Post assignment for USAID Affairs Officer's replacement, home leave for the current USAID Affairs Officer and USPSC are provided for in FY 1999. In FY 2000, Repatriation/evacuation of USPSC is anticipated and R & R travel is provided for the new USAID Affairs Officer and dependents.
- 22 Post assignment freight and home leave freight decreased in FY 2000 due to non arrival/departure of a USDH.
- 23.2 Decreasing rents (office and residential) attributable to existing contracts between the Mission and landlords.
- 23.3 Increases between FY 1999 and FY 2000 due to anticipated increase in telephone costs and residential utilities necessitated by inflation.
- 24 Increases mainly due to inflation.
- 25.2 Increases attributable to estimated 20 percent inflation.
- 25.7 Increases merely reflect inflationary trend.
- 31 An overall decrease in this sector in FY 2000 is due to procurement of replacement furniture which seems cheaper than the cost of photocopier to be purchased in FY 1999.

FY 1999/2000 Requested Budget Increases/Decreases (Scenario B) O/C Narrative

- 11.8 As in Scenario A above, except that the number of OE funded FSN PSCs increased by one in FY 2000 leading to an increase in salaries.
- 12.1 Increase in educational allowance is due to the anticipated arrival of an EXO DH with dependents who are expected to be in school at post and away from post. HSTA is provided for four DHs in FY 1999 and one in FY 2000. Other increases are due to inflation which gives an overall net increase in this category.
- 21. Post assignment travel budgeted for GDO, Program Officer, Controller and USAID Affairs Officer's replacement in FY 1999 while only EXO's is budgeted for in FY 2000. All the DHs that arrived at post in FY 1999 are scheduled for R & R travel in FY 2000. Also, educational travel will increase with the addition of the EXO's dependent in FY 2000. Overall effect is an increase in this sector.
- 22. Post assignment freight is budgeted for four DHs (GDO, Program officer, Controller and USAID Affairs Officer's replacement) and freight for outgoing USAID Affairs Officer in FY 1999 while only EXO DH is planned for in FY 2000. Consequently, there is a decrease in FY 2000 when compared with FY 1999.
- 23.2 Rent for residences expected to increase in FY 2000 due to the inclusion of EXO DH to the total at end of FY 1999.
- 23.3 Increases mainly inflationary.
- 24. Increases attributable to the anticipated increase in volume of activities.
- 25.2 Increases in security guard services cost due to the increased number of DHs (addition of EXO) and general inflation.
- 31. FY 1999 will experience the procurement of residential furniture/equipment, office furniture/equipment and other ADP hardware purchases to support the increased US DHs (from one to four) and FSNs on board. In FY 2000, only residential furniture/equipment necessary to replace those at the residences of USAID Affairs Officer and USPSC are expected to be bought. Consequently, the cost under this sector is expected to be high in FY 1999 and low in FY 2000.

F. Changes in the CSP/Management Contract

USAID/Nigeria is in transition and as such operates under frequently changing circumstances. The program is humanitarian in focus and the size of the OYB is politically determined annually. The last CSP was approved in 1992 for implementation from FY 1992-FY 2000. It had one strategic objective and one special objective. The Plan was updated and approved by USAID/W in November 1994 to reflect the changed developmental realities in Nigeria. The updated country strategy was superseded by responding to evolving political and economic events in Nigeria with the addition of a DG special objective in FY 1996. The current CSP does not reflect the total number of strategic objectives specified in the results review. With a scenario where the OYB is limited to \$7.0 million annually over three years: FY 1998 to FY 2000, a new CSP would be crafted in FY 1999 to reflect the current program of USAID/Nigeria and the development constraints and opportunities regardless of whether there is a policy change or not. A realistic policy and a new approach to implementing development activities in Nigeria needs to be sought.

Assuming a change in U.S. Government policy towards Nigeria after October 1, 1998, when a civilian government is expected to assume power, the proposed USAID/Nigeria revision of the CSP in FY 1999 would include current strategic and special objectives as well as the addition of a new strategic objective in Basic Education in line with the President's Education Initiative for Africa. A program in basic education is critical to Nigerian's development and the USAID/Nigeria program. The well demonstrated and documented strong linkages between the benefits of basic education and its impact on democracy and good governance, child survival programs, and early childhood development need to emphasize, strengthened and captured in the Nigeria's economic growth and development. In conjunction with the CSP exercise, USAID would review the field support and bilateral composition of its budget to determine the most appropriate balance in implementing its portfolio.

G. Justification for A New Strategic Objective in Basic Education and an Expanded DG Program

Basic Education

Lack of an equitable, effective, and relevant basic education system is a major constraint in achieving the optimum human productive capacity in Nigeria. The literacy rate in Nigeria is under 50 percent in the general population and lower for women. The World Bank has estimated that no country has developed with under 60 per cent literacy rate. The school enrollment rate is 70 percent for boys and 49 percent for girls. The drop out rate is over 50 percent, for girls especially in remote areas. The school system is in disarray. Teachers are poorly trained and unmotivated, frequently absent and are not effective. Equipment, books and supplies are non-existent and the curriculum is outdated and irrelevant. Graduates from secondary schools and colleges lack useful skills and therefore are unemployed or under-employed.

Dropouts roam city streets and need to be taught useful skills to participate in productive activity. Although cultural and religious practices play a role in school enrolment and

attendance, lack of access and equity is the major constraint in literacy and numeracy in Nigeria. It has been established by the World Bank that educating girls to the fourth grade level has a tremendous effect on the quality of life they aspire for themselves. This includes their ideas on family size, their ability to better analyze and decide on issues concerning child spacing, nutrition and absorption of new and useful skills.

In order to develop the basic education strategic objective, USAID/Nigeria will undertake an educational sector analysis, that will identify critical constraints, government policies and programs, education through the private sector especially religious schools and ongoing and planned donor activities. Findings and recommendations will contribute to the development of a strategic objective which seeks to intervene and alleviate some of the major constraints in the education sector. The proposed intervention will be linked to and in synergy with the child survival and DG strategic and special objectives. Interventions will take into consideration USAID's sustainable development goals, staffing, available program resources and comparative advantage.

Assuming a policy change in FY 1999, USAID/Nigeria would request a total of \$900,000 in PD and S funds for two sector analyses (DG and basic education), program/project development and a DHS survey. Based on reviews and lessons learned from best practices in education programs/projects developed and implemented in the West Africa region (Ghana, Guinea, Mali, Benin, Niger) and from the expressed requests of Nigerian NGOs in the sector, USAID/Nigeria expects to develop a basic education strategic objective that will concentrate on supporting equity, expanding access and improving the quality of basic education for girls and other disadvantaged groups. The initial estimated total resources for a four-year basic education program is \$24.0 million with the first obligation in FY 1999. The FY 1999 suggested request and obligation is \$6.0 million.

Expanded DG Program:

If there is change in policy by the USG in favor of increasing USAID/Nigeria's operations in the near future, the mission intends to expand the content of the DG program after an exhaustive analysis of the sector and extend the coverage of the DG program to 21 additional states from FY 1999 to FY 2000. Under the envisaged program, USAID/Nigeria will incorporate more strategic groups in civil society such as key trade unions, professional associations, student unions and the media into the program. Activities will seek to strengthen civil society's oversight of state institutions; increase effectiveness of CSO management; increase democratic governance within CSOs; increase CSO participation in policy formulation and implementation; and expand and strengthen the media and its operation. More attention will be given to civic education and human rights. Should the military government successfully complete its transition to civil rule, USAID/Nigeria may collaborate in a limited way to support the national assembly and the judiciary.

Under the expanded DG program, by FY 1999 the current experimental phase of the program should evolve into a well focused program with greater specialization. After the major sectoral review slated for 1999 USAID/Nigeria plans to structure the DG program into three specialized departments:

- 1) Democratic Governance/Civic Education;

- 2) Fundamental Human Rights; and
- 3) Women's Empowerment.

Each department should be staffed by experienced professionals to enhance program design/development and management through research, monitoring and evaluation.

H. Environmental Compliance

Result packages under current USAID/Nigeria strategic and special objectives were categorically excluded from environmental examination at the time of authorization. These exclusions will be reviewed if and when the results packages are revised. There are no outstanding issues.

VI. Annexes

- Program Budget Tables (1998/1999/2000)
- Global Field Support
- Operating Expense Budget Worksheet
- Cost of Controller Operations (1998/1999/2000)
- Work Force Requests
- Trust Fund & FSN Separation Fund
- Explanatory Notes

USAID FY 2000 BUDGET REQUEST BY PROGRAM/COUNTRY

06-Aug-98
03:53 PMCountry/Program:
Scenario: Base Level

S.O. # , Title				FY 2000													Future Cost (POST 2000)	Year of Final Oblig.	
Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 99	Estimated Total	Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 00	Est. Total Cost life of SO				
SO 1 : FAMILY PLANNING - INCREASED USE OF VOLUNTARY FAMILY PLANNING																			
	Bilateral	30	90				90							90					
	Field Spt	387	1,410				1,410							2,000			6,270		
	Total	417	1,500	0		0	1,500	0		0	0	0	0	2,090	65,500		6,270		
SO 2 : CHILD SURVIVAL																			
	Bilateral	20	100					100						100					
	Field Spt	0	1,400					1,400						1,000			3,300		
	Total	20	1,500	0		0	0	1,500		0	0	0	0	1,100	40,000		3,300		
SPO 1 : HIV/AIDS																			
	Bilateral	60	100							100				110					
	Field Spt	0	1,900							1,900				1,900			6,300		
	Total	60	2,000	0		0	0	0		2,000	0	0	0	2,100	7,500		6,300		
SPO 2: DEMOCRACY AND GOVERNANCE																			
	Bilateral	40	150									0	150	150			6,000		
	Field Spt	0	1,850										1,850	1,850			2,003		
	Total	40	2,000	0		0	0	0		0	0	0	2,000	2,000	10,000		6,000		
	Bilateral		0														0		
	Field Spt		0														XX		
	Total	0	0	0		0	0	0		0	0	0	0				0		
	Bilateral		0														0		
	Field Spt		0														XX		
	Total	0	0	0	0		0	0		0	0	0	0				0		
	Bilateral		0														0		
	Field Spt		0																
	Total	0	0	0	0		0	0		0	0	0	0				0		
	Bilateral		0														0		
	Field Spt		0																
	Total	0	0	0	0		0	0		0	0	0	0				0		
Total Bilateral		150	440	0		0	90	100		100	0	0	150				21,870		
Total Field Support		387	6,560	0		0	1,410	1,400		1,900	0	0	1,850						
TOTAL PROGRAM		537	7,000	0		0	1,500	1,500		2,000	0	0	2,000						

FY 2000 Request Sector Totals -- DA	
Econ Growth	0
[Of which Microenterpris	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 2000 Request Sector Totals -- ESF	
Econ Growth	0
[Of which Microenterprise	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 2001 Target Program Level	0
FY 2002 Target Program Level	0
FY 2003 Target Program Level	0

Program Funding

USAID FY 1999 Budget Request by Program/Country

06-Aug-98
03:53 PM

Country/Program:
Scenario: Base Level

S.O. # , Title				FY 1999													Future Cost (POST 2000)	Year of Final Oblig.
Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 98	Estimated Total	Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 99	Est. Total Cost life of SO			
SO 1 : FAMILY PLANNING - INCREASED USE OF VOLUNTARY FAMILY PLANNING																		
	Bilateral	30	90				90							90			2,003	
	Field Spt	977	1,410				1,410							2,000				
	Total	1,007	1,500	0		0	1,500	0		0	0	0	0	2,090	65,500	0		
SO 2 : CHILD SURVIVAL																		
	Bilateral	30	100					100						110			2,003	
	Field Spt	237	1,400					1,400						1,637				
	Total	267	1,500	0		0	0	1,500		0	0	0	0	1,747	40,000	0		
SPO 1 : HIV/AIDS																		
	Bilateral	40	100							100				80			2,003	
	Field Spt	0	1,900							1,900				1,900				
	Total	40	2,000	0		0	0	0		2,000	0	0	0	1,980	7,500	0		
SPO 2: DEMOCRACY AND GOVERNANCE																		
	Bilateral	40	150									0	150	150			2,003	
	Field Spt	17	1,850									0	1,850	1,867				
	Total	57	2,000	0		0	0	0		0	0	0	2,000	2,017	10,000	0		
	Bilateral		0													0	XX	
	Field Spt		0													0		
	Total	0	0	0		0	0	0		0	0	0	0			0		
	Bilateral		0													0	XX	
	Field Spt		0													0		
	Total	0	0	0		0	0	0		0	0	0	0			0		
	Bilateral		0													0		
	Field Spt		0													0		
	Total	0	0	0		0	0	0		0	0	0	0			0		
Total Bilateral		140	440	0		0	90	100		100	0	0	150					
Total Field Support		1,231	6,560	0		0	1,410	1,400		1,900	0	0	1,850					
TOTAL PROGRAM		1,371	7,000	0		0	1,500	1,500		2,000	0	0	2,000			0		

FY 1999 Request Sector Totals -- DA	
Econ Growth	0
[Of which Microenterpris	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 1999 Request Sector Totals -- ESF	
Econ Growth	0
[Of which Microenterprise	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 2001 Target Program Level	0
FY 2002 Target Program Level	0
FY 2003 Target Program Level	0

USAID FY 1998 Budget Request by Program/Country

06-Aug-98
03:53 PMCountry/Program:
Scenario: Base Level

1

S.O. # , Title		FY 1998															Future Cost (POST 2000)	Year of Final Oblig.	
Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 97	Estimated Total	Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 98	Est. Total Cost life of SO				
SO 1 : FAMILY PLANNING - INCREASED USE OF VOLUNTARY FAMILY PLANNING																			
	Bilateral	0	90	0	0	0	90	0	0	0	0	0	0	60			2,003		
	Field Spt	2,333	1,410	0	0	0	1,410	0	0	0	0	0	0	2,766					
	Total	2,333	1,500	0	0	0	1,500	0	0	0	0	0	0	2,826	65,500	0			
SO 2 : CHILD SURVIVAL																			
	Bilateral	25	100					100						95			2,003		
	Field Spt	2,837	1,400					1,400						4,000					
	Total	2,862	1,500	0		0	0	1,500		0	0	0	0	4,095	40,000	0			
SPO 1 : HIV/AIDS																			
	Bilateral	800	100							100				860			2,003		
	Field Spt	0	1,900							1,900				1,920					
	Total	800	2,000	0		0	0	0		2,000	0	0	0	2,780	7,500	0			
SPO 2: DEMOCRACY AND GOVERNANCE																			
	Bilateral	129	150									0	150	239			0 2,003		
	Field Spt	1,067	1,850									0	1,850	2,900					
	Total	1,196	2,000	0		0	0	0		0	0	0	2,000	3,139	10,000	0			
	Bilateral		0														0 XX		
	Field Spt		0																
	Total	0	0	0		0	0	0		0	0	0	0			0			
	Bilateral		0														0 XX		
	Field Spt		0																
	Total	0	0	0		0	0	0		0	0	0	0			0			
	Bilateral		0																
	Field Spt		0																
	Total	0	0	0		0	0	0		0	0	0	0			0			
	Bilateral		0																
	Field Spt		0																
	Total	0	0	0		0	0	0		0	0	0	0			0			
Total Bilateral		954	440	0		0	90	100		100	0	0	150						
Total Field Support		6,237	6,560	0		0	1,410	1,400		1,900	0	0	1,850						
TOTAL PROGRAM **		7,191	7,000	0		0	1,500	1,500		2,000	0	0	2,000			0			

FY 1998 Request Sector Totals -- DA	
Econ Growth	0
[Of which Microenterpris	[]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	[]
Democracy	0
Humanitarian	0

FY 1998 Request Sector Totals -- ESF	
Econ Growth	0
[Of which Microenterprise	[]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	[]
Democracy	0
Humanitarian	0

FY 2001 Target Program Level 0
FY 2002 Target Program Level 0
FY 2003 Target Program Level 0

**** SEE DISCUSSION ON PAGE 6 CONCERNING END OF FY97 PIPELINE.**

USAID FY 2000 BUDGET REQUEST BY PROGRAM/COUNTRY

06-Aug-98
03:55 PMCountry/Program:
Scenario: Base Level

2

S.O. # , Title	Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 99	Estimated Total	FY 2000										Future Cost (POST 2000)	Year of Final Oblig.		
					Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G			Est. Expend. FY 00	Est. Total Cost life of SO
SO 1 : FAMILY PLANNING - INCREASED USE OF VOLUNTARY FAMILY PLANNING																		
		Bilateral	40	100				100							100		7,200	2,003
		Field Spt	477	1,900				1,900							2,300			
		Total	517	2,000	0		0	2,000	0		0	0	0	0	2,400	65,500	7,200	
SO 2 : CHILD SURVIVAL																		
		Bilateral	40	200					200						200		9,000	2,003
		Field Spt	237	2,800					2,800						2,800			
		Total	277	3,000	0		0	0	3,000		0	0	0	0	3,000	40,000	9,000	
SPO 1 : HIV/AIDS																		
		Bilateral	40	120							120				120		8,160	2,003
		Field Spt	280	2,880							2,880				2,600			
		Total	320	3,000	0		0	0	0		3,000	0	0	0	2,720	9,500	8,160	
SPO 2: DEMOCRACY AND GOVERNANCE																		
		Bilateral	790	2,750									0	2,750	3,500		20,250	2,003
		Field Spt	17	3,250									0	3,250	3,250			
		Total	807	6,000	0		0	0	0		0	0	0	6,000	6,750	18,000	20,250	
EDUCATION																		
		Bilateral	1,000	6,000	6,000										5,000		15,000	2,003
		Field Spt	0	0											0			
		Total	1,000	6,000	6,000		0	0	0		0	0	0	0	5,000	12,000	15,000	
		Bilateral		0													0	XX
		Field Spt		0														
		Total	0	0	0		0	0	0		0	0	0	0			0	
		Bilateral		0														
		Field Spt		0														
		Total	0	0	0		0	0	0		0	0	0	0			0	
Total Bilateral			1,910	9,170	6,000		0	100	200		120	0	0	2,750				
Total Field Support			1,011	10,830		0		1,900	2,800		2,880	0	0	3,250				
TOTAL PROGRAM			2,921	20,000	6,000		0	2,000	3,000		3,000	0	0	6,000			59,610	

FY 2000 Request Sector Totals -- DA	
Econ Growth	0
[Of which Microenterpris	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 2000 Request Sector Totals -- ESF	
Econ Growth	0
[Of which Microenterprise	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 2001 Target Program Level	0
FY 2002 Target Program Level	0
FY 2003 Target Program Level	0

Program Funding

USAID FY 1999 Budget Request by Program/Country

06-Aug-98
03:55 PM

Country/Program:
Scenario: Base Level

S.O. # , Title	FY 1999														Future Cost (POST 2000)	Year of Final Oblig.	
	Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 98	Estimated Total	Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G			Est. Expend. FY 99
SO 1 : FAMILY PLANNING - INCREASED USE OF VOLUNTARY FAMILY PLANNING																	
		Bilateral	30	100				100							90		2,003
		Field Spt	977	1,900				1,900							2,400		
		Total	1,007	2,000	0		0	2,000	0		0	0	0	0	2,490	65,500	0
SO 2 : CHILD SURVIVAL																	
		Bilateral	30	200					200						190		2,003
		Field Spt	237	2,800					2,800						2,800		
		Total	267	3,000	0		0	0	3,000		0	0	0	0	2,990	40,000	0
SPO 1 : HIV/AIDS																	
		Bilateral	40	120						120					120		2,003
		Field Spt	0	2,880						2,880					2,600		
		Total	40	3,000	0		0	0	0	3,000		0	0	0	2,720	14,000	0
SPO 2: DEMOCRACY AND GOVERNANCE																	
		Bilateral	40	3,250									0	3,250	2,500		2,003
		Field Spt	17	2,750									0	2,750	2,750		
		Total	57	6,000	0		0	0	0		0	0	0	6,000	5,250	18,000	0
EDUCATION																	
		Bilateral	0	6,000	6,000										5,000		2,003
		Field Spt	0	0	0										0		
		Total	0	6,000	6,000		0	0	0		0	0	0	0	5,000	12,000	0
		Bilateral		0													0 XX
		Field Spt		0													
		Total	0	0	0		0	0	0		0	0	0	0			0
		Bilateral		0													
		Field Spt		0													
		Total	0	0	0		0	0	0		0	0	0	0			0
		Bilateral		0													
		Field Spt		0													
		Total	0	0	0		0	0	0		0	0	0	0			0
Total Bilateral			140	9,670	6,000		0	100	200		120	0	0	3,250			
Total Field Support			1,231	10,330	0		0	1,900	2,800		2,880	0	0	2,750			
TOTAL PROGRAM			1,371	20,000	6,000		0	2,000	3,000		3,000	0	0	6,000			0

FY 1999 Request Sector Totals -- DA	
Econ Growth	0
[Of which Microenterpris	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 1999 Request Sector Totals -- ESF	
Econ Growth	0
[Of which Microenterprise	0]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	0]
Democracy	0
Humanitarian	0

FY 2001 Target Program Level	0
FY 2002 Target Program Level	0
FY 2003 Target Program Level	0

USAID FY 1998 Budget Request by Program/Country

06-Aug-98
03:55 PMCountry/Program:
Scenario: Base Level

S.O. # , Title		FY 1998															Future Cost (POST 2000)	Year of Final Oblig.		
		Approp. Acct	Bilateral/Field Support	Est. SO Pipeline End of FY 97	Estimated Total	Basic Education	Agric.	Other Growth	Pop	Child Survival	Infectious Diseases	HIV/AIDS	Other Health	Environ	D/G	Est. Expend. FY 98			Est. Total Cost life of SO	
SO 1 : FAMILY PLANNING - INCREASED USE OF VOLUNTARY FAMILY PLANNING																				
		Bilateral	0	90	0	0	0	90	0	0	0	0	0	0	0	60			2,003	
		Field Spt	2,333	1,410	0	0	0	1,410	0	0	0	0	0	0	0	2,766				
		Total	2,333	1,500	0	0	0	1,500	0	0	0	0	0	0	0	2,826	65,500	0		
SO 2 : CHILD SURVIVAL																				
		Bilateral	25	100					100							95			2,003	
		Field Spt	2,837	1,400					1,400							4,000				
		Total	2,862	1,500	0		0	0	1,500	0	0	0	0	0	0	4,095	40,000	0		
SPO 1 : HIV/AIDS																				
		Bilateral	800	100							100					860			2,003	
		Field Spt	0	1,900							1,900					1,920				
		Total	800	2,000	0		0	0	0	2,000	0	0	0	0	0	2,780	7,500	0		
SPO 2: DEMOCRACY AND GOVERNANCE																				
		Bilateral	129	150									0	150	239				2,003	
		Field Spt	1,067	1,850									0	1,850	2,900					
		Total	1,196	2,000	0		0	0	0	0	0	0	0	2,000	3,139	10,000	0			
		Bilateral		0														0	XX	
		Field Spt		0														0		
		Total	0	0	0	0	0	0	0	0	0	0	0	0	0			0		
		Bilateral		0														0	XX	
		Field Spt		0														0		
		Total	0	0	0	0	0	0	0	0	0	0	0	0	0			0		
		Bilateral		0														0		
		Field Spt		0														0		
		Total	0	0	0	0	0	0	0	0	0	0	0	0	0			0		
		Bilateral		0														0		
		Field Spt		0														0		
		Total	0	0	0	0	0	0	0	0	0	0	0	0	0			0		
Total Bilateral			954	440	0		0	90	100		100	0	0	0	150					
Total Field Support			6,237	6,560	0		0	1,410	1,400		1,900	0	0	0	1,850					
TOTAL PROGRAM **			7,191	7,000	0		0	1,500	1,500		2,000	0	0	0	2,000			0		

FY 1998 Request Sector Totals -- DA	
Econ Growth	0
[Of which Microenterpris	[]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	[]
Democracy	0
Humanitarian	0

FY 1998 Request Sector Totals -- ESF	
Econ Growth	0
[Of which Microenterpris	[]
HCD	0
PHN	0
Environment	0
[Of which Biodiversity]	[]
Democracy	0
Humanitarian	0

FY 2001 Target Program Level	0
FY 2002 Target Program Level	0
FY 2003 Target Program Level	0

**

SEE DISCUSS ON PAGE 6 CONCERNING END OF FY97 PIPELINE.

GLOBAL FIELD SUPPORT									
Objective Name	Field Support: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)					
				FY 1998 Obligated by:		FY 1999 Obligated by:		FY 2000 Obligated by:	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau	Operating Unit	Global Bureau
SO 1	INCREASED VOLUNTARY USE OF FAMILY PLANNING		5YRS.	90	1,410	90	1,410	90	1,410
SO 2	IMPROVED MATERNAL AND CHILD HEALTH PRACTICES		5YRS.	100	1,400	100	1,400	100	1,400
SPO 1	IMPROVED HIV/AIDS/STD PREVENTION AND CONTROL		5YRS.	100	1,900	100	1,900	100	1,900
SPO 2	DEMOCRACY AND GOVERNANCE		5YRS.	150	1,850	150	1,850	150	1,850
GRAND TOTAL.....									

* For Priorities use high, medium-high, medium, medium-low, low

GLOBAL FIELD SUPPORT									
Objective Name	Field Support: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)					
				FY 1998 Obligated by:		FY 1999 Obligated by:		FY 2000 Obligated by:	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau	Operating Unit	Global Bureau
SO 1	INCREASED VOLUNTARY USE OF FAMILY PLANNING		5YRS.	90	1,410	100	1,900	100	1,900
SO 2	IMPROVED MATERNAL AND CHILD HEALTH PRACTICES		5YRS.	100	1,400	200	2,800	200	2,800
SPO 1	IMPROVED HIV/AIDS/STD PREVENTION AND CONTROL		5YRS.	100	1,900	120	2,880	120	2,880
SPO 2	DEMOCRACY AND GOVERNANCE		5YRS.	150	1,850	3,250	2,750	2,750	3,250
	EDUCATION		5YRS.	0	0	6,000	0	6,000	0
GRAND TOTAL.....									

* For Priorities use high, medium-high, medium, medium-low, low

Org. Title:	Nigeria	Overseas Mission Budgets											
Org. No: 620		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
Org. Title:	Nigeria	Overseas Mission Budgets											
Org. No: 620		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total

Org. Title:		Overseas Mission Budgets														
Org. No: 620																
Nigeria																
OC		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
11.1	Personnel compensation, full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.1	Base Pay & pymt. for annual leave balances - FNDH			0			0			0			0			0
	Subtotal OC 11.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.3	Personnel comp. - other than full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.3	Base Pay & pymt. for annual leave balances - FNDH			0			0			0			0			0
	Subtotal OC 11.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.5	Other personnel compensation	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.5	USDH			0			0			0			0			0
11.5	FNDH			0			0			0			0			0
	Subtotal OC 11.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.8	Special personal services payments	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.8	USPSC Salaries	64.4		64.4	67.8		67.8	67.8		67.8	17.5		17.5	17.5		17.5
11.8	FN PSC Salaries	130.5		130.5	165.6		165.6	183.6		183.6	169.4		169.4	189.2		189.2
11.8	IPA/Details-In/PASAs/RSSAs Salaries			0			0			0			0			0
	Subtotal OC 11.8	194.9	0	194.9	233.4	0	233.4	251.4	0	251.4	186.9	0	186.9	206.7	0	206.7
12.1	Personnel benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	USDH benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Educational Allowances	20.3		20.3	82.6		82.6	192.2		192.2	45.9		45.9	240.3		240.3
12.1	Cost of Living Allowances			0			0			0			0			0
12.1	Home Service Transfer Allowances			0	0.7		0.7	2.8		2.8	0		0	0.7		0.7
12.1	Quarters Allowances			0			0			0			0			0
12.1	Other Misc. USDH Benefits			0			0			0			0			0
12.1	FNDH Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to the FSN Separation Fund - FNDH			0			0			0			0			0
12.1	Other FNDH Benefits			0			0			0			0			0
12.1	US PSC Benefits	26.1		26.1	26.9		26.9	26.9		26.9	6.9		6.9	6.9		6.9
12.1	FN PSC Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to the FSN Separation Fund - FN PSC	22.4		22.4	22.4		22.4	23.5		23.5	26.9		26.9	28		28
12.1	Other FN PSC Benefits	2.8		2.8	2.8		2.8	4.2		4.2	3.5		3.5	4.3		4.3
12.1	IPA/Detail-In/PASA/RSSA Benefits			0			0			0			0			0
	Subtotal OC 12.1	71.6	0	71.6	135.4	0	135.4	249.6	0	249.6	83.2	0	83.2	280.2	0	280.2
13	Benefits for former personnel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	FNDH	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	Severance Payments for FNDH			0			0			0			0			0
13	Other Benefits for Former Personnel - FNDH			0			0			0			0			0
13	FN PSCs	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	Severance Payments for FN PSCs			0			0			0			0			0
13	Other Benefits for Former Personnel - FN PSCs			0			0			0			0			0
	Subtotal OC 13.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Travel and transportation of persons	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Training Travel	12.5		12.5	12.5		12.5	23.6		23.6	12.5		12.5	23.6		23.6
21	Mandatory/Statutory Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Post Assignment Travel - to field			0	6		6	24		24	0		0	6		6

Org. Title: Nigeria		Overseas Mission Budgets														
Org. No: 620		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
21	Assignment to Washington Travel			0	3.3		3.3			0	0		0	0		0
21	Home Leave Travel			0	13.3		13.3	13.3		13.3			0			0
21	R & R Travel	9		9			0			0	3.6		3.6	19.5		19.5
21	Education Travel			0	2.6		2.6	10.4		10.4	2.6		2.6	13		13
21	Evacuation Travel			0			0			0	20		20	20		20
21	Retirement Travel			0			0			0			0			0
21	Pre-Employment Invitational Travel			0			0			0			0			0
21	Other Mandatory/Statutory Travel			0			0			0			0			0
21	Operational Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Site Visits - Headquarters Personnel	16.7		16.7	12.3		12.3	13.3		13.3	12.9		12.9	13.9		13.9
21	Site Visits - Mission Personnel	32.2		32.2	45.7		45.7	56.6		56.6	49.9		49.9	61.4		61.4
21	Conferences/Seminars/Meetings/Retreats	11.1		11.1	12.1		12.1	31.4		31.4	12.1		12.1	31.4		31.4
21	Assessment Travel			0			0	5.6		5.6			0	5.6		5.6
21	Impact Evaluation Travel			0			0	5.6		5.6			0	5.6		5.6
21	Disaster Travel (to respond to specific disasters)			0			0			0			0			0
21	Recruitment Travel			0			0			0			0			0
21	Other Operational Travel	2.6		2.6	100		100	100		100	100		100	100		100
	Subtotal OC 21.0	84.1	0	84.1	207.8	0	207.8	283.8	0	283.8	213.6	0	213.6	300	0	300
22	Transportation of things	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
22	Post assignment freight			0	15		15	60		60			0	15		15
22	Home Leave Freight			0	16		16	16		16			0			0
22	Retirement Freight			0			0			0			0			0
22	Transportation/Freight for Office Furniture/Equip.	0.5		0.5	0.2		0.2	1		1	0.3		0.3	0		0
22	Transportation/Freight for Res. Furniture/Equip.			0			0	5		5	1		1	5.5		5.5
	Subtotal OC 22.0	0.5	0	0.5	31.2	0	31.2	82	0	82	1.3	0	1.3	20.5	0	20.5
23.2	Rental payments to others	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.2	Rental Payments to Others - Office Space	15		15	16.3		16.3	32.5		32.5	16		16	32		32
23.2	Rental Payments to Others - Warehouse Space			0			0			0			0			0
23.2	Rental Payments to Others - Residences	0.1		0.1	21		21	111		111	18		18	141		141
	Subtotal OC 23.2	15.1	0	15.1	37.3	0	37.3	143.5	0	143.5	34	0	34	173	0	173
23.3	Communications, utilities, and miscellaneous charges	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.3	Office Utilities	5		5	6		6	6		6	7.2		7.2	7.2		7.2
23.3	Residential Utilities	4.5		4.5	5.4		5.4	15		15	6.5		6.5	18		18
23.3	Telephone Costs	50		50	55		55	60		60	60.5		60.5	66		66
23.3	ADP Software Leases			0			0			0			0			0
23.3	ADP Hardware Lease			0			0			0			0			0
23.3	Commercial Time Sharing			0			0			0			0			0
23.3	Postal Fees (Other than APO Mail)			0			0			0			0			0
23.3	Other Mail Service Costs			0			0			0			0			0
23.3	Courier Services	1		1	1		1	1.2		1.2	1		1	1.4		1.4
	Subtotal OC 23.3	60.5	0	60.5	67.4	0	67.4	82.2	0	82.2	75.2	0	75.2	92.6	0	92.6
24	Printing and Reproduction	2.6		2.6	3.4		3.4	4.4		4.4	3.8		3.8	6.1		6.1
	Subtotal OC 24.0	2.6	0	2.6	3.4	0	3.4	4.4	0	4.4	3.8	0	3.8	6.1	0	6.1
25.1	Advisory and assistance services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		

Org. Title:		Overseas Mission Budgets														
Org. No: 620																
Nigeria																
OC		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
25.1	Studies, Analyses, & Evaluations			0			0			0			0			0
25.1	Management & Professional Support Services	5		5	5		5	10		10	5		5	10		10
25.1	Engineering & Technical Services			0			0			0			0			0
	Subtotal OC 25.1	5	0	5	5	0	5	10	0	10	5	0	5	10	0	10
25.2	Other services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.2	Office Security Guards	34.2		34.2	41		41	41		41	49.2		49.2	49.2		49.2
25.2	Residential Security Guard Services	47.2		47.2	56.6		56.6	141.5		141.5	67.9		67.9	169.7		169.7
25.2	Official Residential Expenses	3.7		3.7	4.5		4.5	11.2		11.2	5.4		5.4	13.4		13.4
25.2	Representation Allowances	1		1	1		1	1		1	1		1	1		1
25.2	Non-Federal Audits			0			0			0			0			0
25.2	Grievances/Investigations	0.2		0.2			0			0			0			0
25.2	Insurance and Vehicle Registration Fees	0.8		0.8	0.8		0.8	0.8		0.8	0.8		0.8	0.8		0.8
25.2	Vehicle Rental			0			0			0			0			0
25.2	Manpower Contracts			0			0			0			0			0
25.2	Records Declassification & Other Records Services			0			0			0			0			0
25.2	Recruiting activities			0			0			0			0			0
25.2	Penalty Interest Payments			0			0			0			0			0
25.2	Other Miscellaneous Services			0			0			0			0			0
25.2	Staff training contracts	3		3	3		3	3		3	3		3	4		4
25.2	ADP related contracts			0			0			0			0			0
	Subtotal OC 25.2	90.1	0	90.1	106.9	0	106.9	198.5	0	198.5	127.3	0	127.3	238.1	0	238.1
25.3	Purchase of goods and services from Government accounts	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.3	ICASS	187		187	200		200	500		500	200		200	500		500
25.3	All Other Services from Other Gov't. accounts			0			0			0			0			0
	Subtotal OC 25.3	187	0	187	200	0	200	500	0	500	200	0	200	500	0	500
25.4	Operation and maintenance of facilities	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.4	Office building Maintenance	2		2	8		8	8		8	8		8	8		8
25.4	Residential Building Maintenance	2		2	7		7	17.5		17.5	7		7	17.5		17.5
	Subtotal OC 25.4	4	0	4	15	0	15	25.5	0	25.5	15	0	15	25.5	0	25.5
25.6	Medical Care			0			0			0			0			0
	Subtotal OC 25.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25.7	Operation/maintenance of equipment & storage of goods	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.7	ADP and telephone operation and maintenance costs	1.5		1.5	1.5		1.5	1.5		1.5	1.5		1.5	1.5		1.5
25.7	Storage Services			0			0			0			0			0
25.7	Office Furniture/Equip. Repair and Maintenance	10		10	10		10	12		12	11		11	12		12
25.7	Vehicle Repair and Maintenance	4		4	5		5	7		7	6		6	7		7
25.7	Residential Furniture/Equip. Repair and Maintenance	5		5	8		8	10		10	8		8	10		10
	Subtotal OC 25.7	20.5	0	20.5	24.5	0	24.5	30.5	0	30.5	26.5	0	26.5	30.5	0	30.5
25.8	Subsistence and support of persons (by contract or Gov't.)			0			0			0			0			0
	Subtotal OC 25.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Supplies and materials	3		3	4		4	6		6	4		4	6		6

Org. Title: Nigeria		Overseas Mission Budgets														
Org. No: 620		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
Subtotal OC 26.0		3	0	3	4	0	4	6	0	6	4	0	4	6	0	6
31	Equipment	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
31	Purchase of Residential Furniture/Equip.			0			0	90		90	10		10	55		55
31	Purchase of Office Furniture/Equip.			0	2		2	10.3		10.3	3		3	0		0
31	Purchase of Vehicles			0			0			0			0			0
31	Purchase of Printing/Graphics Equipment			0	13.3		13.3	13.3		13.3			0			0
31	ADP Hardware purchases	12		12			0	17.6		17.6			0			0
31	ADP Software purchases	1.1		1.1			0	5		5			0			0
Subtotal OC 31.0		13.1	0	13.1	15.3	0	15.3	136.2	0	136.2	13	0	13	55	0	55
32	Lands and structures	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
32	Purchase of Land & Buildings (& construction of bldgs.)			0			0			0			0			0
32	Purchase of fixed equipment for buildings			0			0			0			0			0
32	Building Renovations/Alterations - Office			0			0	10		10			0			0
32	Building Renovations/Alterations - Residential			0			0			0			0			0
Subtotal OC 32.0		0	0	0	0	0	0	10	0	10	0	0	0	0	0	0
42	Claims and indemnities			0			0			0			0			0
Subtotal OC 42.0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BUDGET		752	0	752	1086.6	0	1086.6	2013.6	0	2013.6	988.8	0	988.8	1944.2	0	1944.2
Dollars Used for Local Currency Purchases		<u>339.6</u>			<u>351</u>			<u>564.4</u>			<u>466.6</u>			<u>651.3</u>		
Exchange Rate Used in Computations		80 _____			80 _____			80 _____			80 _____			80 _____		
Workyears of Effort 1/																
FNDH				0			0			0			0			0
FN PSCs				0			0			0			0			0
IPAs/Details-In				0			0			0			0			0
Manpower Contracts				0			0			0			0			0
Total Workyears		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1/ One workyear of effort is equal to 2080 hours worked.

Cost of Controller Operations

Org. Title: USAID/NIGERIA			Overseas Mission Budgets														
Org. No: 620			FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
OC			Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total

Org. Title: USAID/NIGERIA			Overseas Mission Budgets														
Org. No: 620			FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
OC			Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total

Cost of Controller Operations

Org. Title: USAID/NIGERIA Org. No: 620 OC		Overseas Mission Budgets														
		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
11.1	Personnel compensation, full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.1	Base Pay & pymt. for annual leave balances - FNDH	0			0			0			0			0		
	Subtotal OC 11.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.3	Personnel comp. - other than full-time permanent	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.3	Base Pay & pymt. for annual leave balances - FNDH	0			0			0			0			0		
	Subtotal OC 11.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.5	Other personnel compensation	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.5	USDH	0			0			0			0			0		
11.5	FNDH	0			0			0			0			0		
	Subtotal OC 11.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.8	Special personal services payments	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
11.8	USPSC Salaries	0			0			0			0			0		
11.8	FN PSC Salaries	32.2		32.2	43.9		43.9	58.3		58.3	45.1		45.1	62.3		62.3
11.8	IPA/Details-In/PASAs/RSSAs Salaries	0			0			0			0			0		
	Subtotal OC 11.8	32.2	0	32.2	43.9	0	43.9	58.3	0	58.3	45.1	0	45.1	62.3	0	62.3
12.1	Personnel benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	USDH benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Educational Allowances	0			0			0			0			0		
12.1	Cost of Living Allowances	0			0			0			0			0		
12.1	Home Service Transfer Allowances	0			0			0.7		0.7	0			0		
12.1	Quarters Allowances	0			0			0			0			0		
12.1	Other Misc. USDH Benefits	0			0			0			0			0		
12.1	FNDH Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to the FSN Separation Fund - FNDH	0			0			0			0			0		
12.1	Other FNDH Benefits	0			0			0			0			0		
12.1	US PSC Benefits	0			0			0			0			0		
12.1	FN PSC Benefits	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
12.1	Payments to the FSN Separation Fund - FN PSC	3		3	6.4		6.4	7.1		7.1	7.6		7.6	8.2		8.2
12.1	Other FN PSC Benefits	0.2		0.2	0.3		0.3	0.5		0.5	0.4		0.4	0.6		0.6
12.1	IPA/Detail-In/PASA/RSSA Benefits	0			0			0			0			0		
	Subtotal OC 12.1	3.2	0	3.2	6.7	0	6.7	8.3	0	8.3	8	0	8	8.8	0	8.8
13	Benefits for former personnel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	FNDH	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	Severance Payments for FNDH	0			0			0			0			0		
13	Other Benefits for Former Personnel - FNDH	0			0			0			0			0		
13	FN PSCs	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
13	Severance Payments for FN PSCs	0			0			0			0			0		
13	Other Benefits for Former Personnel - FN PSCs	0			0			0			0			0		

Cost of Controller Operations

Org. Title: USAID/NIGERIA		Overseas Mission Budgets														
Org. No: 620		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
Subtotal OC 13.0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Travel and transportation of persons	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Training Travel	4		4	4		4	4		4	4		4	4		4
21	Mandatory/Statutory Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Post Assignment Travel - to field			0			0	6		6			0			0
21	Assignment to Washington Travel			0			0			0			0			0
21	Home Leave Travel			0			0			0			0			0
21	R & R Travel			0			0			0			0	6.5		6.5
21	Education Travel			0			0	2.6		2.6			0	2.6		2.6
21	Evacuation Travel			0			0			0			0			0
21	Retirement Travel			0			0			0			0			0
21	Pre-Employment Invitational Travel			0			0			0			0			0
21	Other Mandatory/Statutory Travel			0			0			0			0			0
21	Operational Travel	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
21	Site Visits - Headquarters Personnel			0			0			0			0			0
21	Site Visits - Mission Personnel	4.8		4.8	4.8		4.8	7.7		7.7	4.8		4.8	7.7		7.7
21	Conferences/Seminars/Meetings/Retreats			0			0	4.8		4.8			0	4.8		4.8
21	Assessment Travel			0			0			0			0			0
21	Impact Evaluation Travel			0			0			0			0			0
21	Disaster Travel (to respond to specific disasters)			0			0			0			0			0
21	Recruitment Travel			0			0			0			0			0
21	Other Operational Travel			0	3.1		3.1	3.1		3.1	3.3		3.3	3.3		3.3
Subtotal OC 21.0		8.8	0	8.8	11.9	0	11.9	28.2	0	28.2	12.1	0	12.1	28.9	0	28.9
22	Transportation of things	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
22	Post assignment freight			0			0	15		15			0			0
22	Home Leave Freight			0			0			0			0			0
22	Retirement Freight			0			0			0			0			0
22	Transportation/Freight for Office Furniture/Equip.			0			0			0			0			0
22	Transportation/Freight for Res. Furniture/Equip.			0			0			0			0			0
Subtotal OC 22.0		0	0	0	0	0	0	15	0	15	0	0	0	0	0	0
23.2	Rental payments to others	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.2	Rental Payments to Others - Office Space			0			0	30		30			0	30		30
23.2	Rental Payments to Others - Warehouse Space			0			0			0			0			0
23.2	Rental Payments to Others - Residences			0			0			0			0			0
Subtotal OC 23.2		0	0	0	0	0	0	30	0	30	0	0	0	30	0	30
23.3	Communications, utilities, and miscellaneous charges	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
23.3	Office Utilities	0.5		0.5	0.6		0.6	0.6		0.6	0.6		0.6			0
23.3	Residential Utilities			0			0	2.5		2.5			0	2.5		2.5
23.3	Telephone Costs			0			0			0			0			0
23.3	ADP Software Leases			0			0			0			0			0

Cost of Controller Operations

Org. Title: USAID/NIGERIA		Overseas Mission Budgets														
Org. No:	620	FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
OC		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
23.3	ADP Hardware Lease			0			0			0			0			0
23.3	Commercial Time Sharing			0			0			0			0			0
23.3	Postal Fees (Other than APO Mail)			0			0			0			0			0
23.3	Other Mail Service Costs			0			0			0			0			0
23.3	Courier Services	0.1		0.1	0.1		0.1	0.1		0.1	0.1		0.1	0.1		0.1
	Subtotal OC 23.3	0.6	0	0.6	0.7	0	0.7	3.2	0	3.2	0.7	0	0.7	2.6	0	2.6
24	Printing and Reproduction	0.3		0.3	0.3		0.3	0.3		0.3	0.3		0.3	0.4		0.4
	Subtotal OC 24.0	0.3	0	0.3	0.3	0	0.3	0.3	0	0.3	0.3	0	0.3	0.4	0	0.4
25.1	Advisory and assistance services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.1	Studies, Analyses, & Evaluations			0			0			0			0			0
25.1	Management & Professional Support Services			0			0			0			0			0
25.1	Engineering & Technical Services			0			0			0			0			0
	Subtotal OC 25.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25.2	Other services	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.2	Office Security Guards	4		4	4.9		4.9	4.9		4.9	4.9		4.9	4.9		4.9
25.2	Residential Security Guard Services			0			0	23.6		23.6			0	24		24
25.2	Official Residential Expenses			0			0			0			0			0
25.2	Representation Allowances			0			0			0			0			0
25.2	Non-Federal Audits			0			0			0			0			0
25.2	Grievances/Investigations			0			0			0			0			0
25.2	Insurance and Vehicle Registration Fees			0			0			0			0			0
25.2	Vehicle Rental			0			0			0			0			0
25.2	Manpower Contracts			0			0			0			0			0
25.2	Records Declassification & Other Records Services			0			0			0			0			0
25.2	Recruiting activities			0			0			0			0			0
25.2	Penalty Interest Payments			0			0			0			0			0
25.2	Other Miscellaneous Services			0			0			0			0			0
25.2	Staff training contracts			0			0			0			0			0
25.2	ADP related contracts			0			0			0			0			0
	Subtotal OC 25.2	4	0	4	4.9	0	4.9	28.5	0	28.5	4.9	0	4.9	28.9	0	28.9
25.3	Purchase of goods and services from Government ac	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.3	ICASS	24.2		24.2	33.3		33.3	133.3		133.3	33.3		33.3	133.3		133.3
25.3	All Other Services from Other Gov't. accounts			0			0			0			0			0
	Subtotal OC 25.3	24.2	0	24.2	33.3	0	33.3	133.3	0	133.3	33.3	0	33.3	133.3	0	133.3
25.4	Operation and maintenance of facilities	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.4	Office building Maintenance			0			0			0			0			0
25.4	Residential Building Maintenance			0			0	3.5		3.5			0	3.5		3.5
	Subtotal OC 25.4	0	0	0	0	0	0	3.5	0	3.5	0	0	0	3.5	0	3.5

Cost of Controller Operations

Org. Title: USAID/NIGERIA Org. No: 620 OC		Overseas Mission Budgets														
		FY 1998			FY 1999 Target			FY 1999 Request			FY 2000 Target			FY 2000 Request		
		Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total	Dollars	TF	Total
25.7	Operation/maintenance of equipment & storage of goods	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
25.7	ADP and telephone operation and maintenance costs			0			0			0			0			0
25.7	Storage Services			0			0			0			0			0
25.7	Office Furniture/Equip. Repair and Maintenance			0			0			0			0			0
25.7	Vehicle Repair and Maintenance			0			0			0			0			0
25.7	Residential Furniture/Equip. Repair and Maintenance			0			0			0			0			0
	Subtotal OC 25.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25.8	Subsistence and support of persons (by contract or Gov't.)			0			0			0			0			0
	Subtotal OC 25.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Supplies and materials	0.3		0.3	0.6		0.6	0.8		0.8	0.8		0.8	0.8		0.8
	Subtotal OC 26.0	0.3	0	0.3	0.6	0	0.6	0.8	0	0.8	0.8	0	0.8	0.8	0	0.8
31	Equipment	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
31	Purchase of Residential Furniture/Equip.			0			0			0			0			0
31	Purchase of Office Furniture/Equip.			0			0			0			0			0
31	Purchase of Vehicles			0			0			0			0			0
31	Purchase of Printing/Graphics Equipment			0			0			0			0			0
31	ADP Hardware purchases			0			0			0			0			0
	Subtotal OC 31.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Lands and structures	Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line			Do not enter data on this line		
32	Purchase of Land & Buildings (& construction of bldgs.)			0			0			0			0			0
32	Purchase of fixed equipment for buildings			0			0			0			0			0
32	Building Renovations/Alterations - Office			0			0			0			0			0
32	Building Renovations/Alterations - Residential			0			0			0			0			0
	Subtotal OC 32.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Claims and indemnities			0			0			0			0			0
	Subtotal OC 42.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BUDGET		73.6	0	73.6	102.3	0	102.3	309.4	0	309.4	105.2	0	105.2	299.5	0	299.5
Dollars Used for Local Currency Purchases		_____			_____			_____			_____			_____		
Exchange Rate Used in Computations		80 _____			80 _____			80 _____			80 _____			80 _____		

Workforce

Org._USAID/Nigeria FY 1998 On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
U.S. Direct Hire								0	1						1	1
Other U.S. Citizens: 1/ OE Internationally Recruited								0			1				1	1
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:								0							0	0
OE Internationally Recruited								0		2	5			3	10	10
OE Locally Recruited																
FSN/TCN Non-Direct Hire:								0							0	0
OE Internationally Recruited								0							0	0
OE Locally Recruited															0	0
Program	1	1			1	2		5							0	5
Total Staff Levels	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17
TAACS								0							0	0
Fellows		1						1							0	1

1/ Excluding TAACS and Fellows

Workforce

Org. USAID/Nigeria FY 1999 Target On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
U.S. Direct Hire								0	1						1	1
Other U.S. Citizens: 1/ OE Internationally Recruited								0			1				1	1
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:								0							0	0
OE Internationally Recruited								0		2	5			3	10	10
OE Locally Recruited																
FSN/TCN Non-Direct Hire:								0							0	0
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1	1			1	2		5							0	5
Total Staff Levels	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17
TAACS								0							0	0
Fellows			1					1							0	1

1/ Excluding TAACS and Fellows

Org. USAID/Nigeria FY 1999 Request On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
U.S. Direct Hire								0	1	1				2	4	4
Other U.S. Citizens: 1/ OE Internationally Recruited								0			1				1	1
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire:								0							0	0
OE Internationally Recruited								0		3	7			3	13	13
OE Locally Recruited																
FSN/TCN Non-Direct Hire:								0							0	0
OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1	1	1		2	2		7							0	7
Total Staff Levels	1	1	1	0	2	2	0	7	1	4	8	0	0	5	18	25
TAACS								0							0	0
Fellows			1			1		2							0	2

1/ Excluding TAACS and Fellows

Workforce

Org._USAID/Nigeria FY 2000 Target On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
U.S. Direct Hire								0	1						1	1
Other U.S. Citizens: 1/ OE Internationally Recruited								0			1				1	1
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire: OE Internationally Recruited								0							0	0
OE Locally Recruited								0		2	5			3	10	10
FSN/TCN Non-Direct Hire: OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1	1			1	2		5							0	5
Total Staff Levels	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17
TAACS								0							0	0
Fellows			1					1							0	1

1/ Excluding TAACS and Fellows

Org._USAID/Nigeria FY 2000 Request On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
U.S. Direct Hire								0	1	1	1			2	5	5
Other U.S. Citizens: 1/ OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire: OE Internationally Recruited								0							0	0
OE Locally Recruited								0		4	7			3	14	14
FSN/TCN Non-Direct Hire: OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1	1	2		2	2		8							0	8
Total Staff Levels	1	1	2	0	2	2	0	8	1	5	8	0	0	5	19	27
TAACS								0							0	0
Fellows						1		1							0	1

1/ Excluding TAACS and Fellows

Workforce

Org. USAID/Nigeria FY 2001 On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
U.S. Direct Hire								0	1						1	1
Other U.S. Citizens: 1/ OE Internationally Recruited								0			1				1	1
OE Locally Recruited								0							0	0
Program								0							0	0
FSN/TCN Direct Hire: OE Internationally Recruited								0							0	0
OE Locally Recruited								0		2	5			3	10	10
FSN/TCN Non-Direct Hire: OE Internationally Recruited								0							0	0
OE Locally Recruited								0							0	0
Program	1	1			1	2		5							0	5
Total Staff Levels	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17
TAACS								0							0	0
Fellows			1					1							0	1

1/ Excluding TAACS and Fellows

Org. USAID/Nigeria Summary On-Board Estimate	SO/SpO Staff							Total SO/SpO Staff	Management Staff						Total Mgmt.	Grand Total Staff
	SO 1	SO 2	SO 3	SO 4	SpO 1	SpO 2	SpO 3		Org. Mgmt.	Con- troller	AMS/ EXO	Con- tract	Legal	All Other		
FY 1998:																
U.S. Direct Hire	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
OE Locally Recruited	0	0	0	0	0	0	0	0	0	2	5	0	0	3	10	10
Total OE Funded Staf	0	0	0	0	0	0	0	0	1	2	6	0	0	3	12	12
Program Funded	1	1	0	0	1	2	0	5	0	0	0	0	0	0	0	5
Total FY 1998	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17

FY 1999 Target:																
U.S. Direct Hire	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
OE Locally Recruited	0	0	0	0	0	0	0	0	0	2	5	0	0	3	10	10
Total OE Funded Staf	0	0	0	0	0	0	0	0	1	2	6	0	0	3	12	12
Program Funded	1	1	0	0	1	2	0	5	0	0	0	0	0	0	0	5
Total FY 1999 Target	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17

FY 1999 Request:																
U.S. Direct Hire	0	0	0	0	0	0	0	0	1	1	0	0	0	2	4	4
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
OE Locally Recruited	0	0	0	0	0	0	0	0	0	3	7	0	0	3	13	13
Total OE Funded Staf	0	0	0	0	0	0	0	0	1	4	8	0	0	5	18	18
Program Funded	1	1	1	0	2	2	0	7	0	0	0	0	0	0	0	7
Total FY 1999 Request	1	1	1	0	2	2	0	7	1	4	8	0	0	5	18	25

FY 2000 Target:																
U.S. Direct Hire	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
OE Locally Recruited	0	0	0	0	0	0	0	0	0	2	5	0	0	3	10	10
Total OE Funded Staf	0	0	0	0	0	0	0	0	1	2	6	0	0	3	12	12
Program Funded	1	1	0	0	1	2	0	5	0	0	0	0	0	0	0	5
Total FY 2000 Target	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17

Workforce

FY 2000 Request:																
U.S. Direct Hire	0	0	0	0	0	0	0	0	1	1	1	0	0	2	5	5
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OE Locally Recruited	0	0	0	0	0	0	0	0	0	4	7	0	0	3	14	14
Total OE Funded Staf	0	0	0	0	0	0	0	0	1	5	8	0	0	5	19	19
Program Funded	1	1	2	0	2	2	0	8	0	0	0	0	0	0	0	8
Total FY 2000 Request	1	1	2	0	2	2	0	8	1	5	8	0	0	5	19	27

FY 2001 Estimate:																
U.S. Direct Hire	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1
OE Internationally Recr	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1
OE Locally Recruited	0	0	0	0	0	0	0	0	0	2	5	0	0	3	10	10
Total OE Funded Staf	0	0	0	0	0	0	0	0	1	2	6	0	0	3	12	12
Program Funded	1	1	0	0	1	2	0	5	0	0	0	0	0	0	0	5
Total FY 2000 Target	1	1	0	0	1	2	0	5	1	2	6	0	0	3	12	17

MISSION : USAID/Nigeria

USDH STAFFING REQUIREMENTS BY SKILL CODE

BACKSTOP (BS)	NO. OF USDH EMPLOYEES IN BACKSTOP FY 98	NO. OF USDH EMPLOYEES IN BACKSTOP FY 99	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2000	NO. OF USDH EMPLOYEES IN BACKSTOP FY 2001
01SMG	1	1	1	1
02 Program Off.		1	1	1
03 EXO			1	1
04 Controller		1	1	1
05/06/07 Secretary				
10 Agriculture.				
11Economics				
12 GDO		1	1	1
12 Democracy				
14 Rural Dev.				
15 Food for Peace				
21 Private Ent.				
25 Engineering				
40 Environ				
50 Health/Pop.				
60 Education				
75 Physical Sci.				
85 Legal				
92 Commodity Mgt				
93 Contract Mgt				
94 PDO				
95 IDI				
Other*				
TOTAL	1	4	5	5

*please list occupations covered by other if there are any

TRUST FUNDS & FSN SEPARATION FUND

Orgno: 620 _____
 Org. Title: USAID/Nigeria _____

Foreign National Voluntary Separation Account

Action	FY 98			FY 99			FY 00		
	OE	Program	Total	OE	Program	Total	OE	Program	Total
Deposits	22.4	7.0	29.4	22.4	9.1	31.5	26.9	11.6	38.5
Withdrawals			0.0			0.0			0.0

Unfunded Liability (if any)
 at the end of each FY.

Local Currency Trust Funds - Regular (\$000s)

	FY 98	FY 99	FY 00
Balance Start of Year		0.0	0.0
Obligations			
Deposits			
Balance End of Year	0.0	0.0	0.0

Exchange Rate(s) Used

Trust Funds in Dollar Equivalents, not in Local Country Equivalents

Local Currency Trust Funds - Real Property (\$000s)

	FY 98	FY 99	FY 00
Balance Start of Year		0.0	0.0
Obligations			
Deposits			
Balance End of Year	0.0	0.0	0.0

Trust Funds in Dollar Equivalents, not in Local Country Equivalents